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ABSTRACT

This publication includes six papers presented at the 1979 meeting of the Council on Collegiate Education for Nursing. Specific presentations made were (1) Entry into Practice: History, Trends, and Issues, by Virginia Barker; (2) The Appropriate Preparation for Licensure Is the Associate Degree, by Virginia Allen; (3) The Appropriate Preparation for Licensure Is the Baccalaureate Degree, by Billye Brown; (4) The Appropriate Preparation for Licensure Is the Graduate Degree, by Marjorie Ramphal; (5) Registered Nurses as Caregivers at Veterans Administration Medical Center, San Antonio, Texas by Marguerite Burt; and (6) Entry into Practice from the Perspective of a State Board of Nursing, by Helen Pat Keefe. Also included is a summary of the council's activities and regional nursing projects' activities since 1976. (LRA)

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ENTRY INTO NURSING PRACTICE

Presentations made at the Spring 1979 meeting of the
Council on Collegiate Education for Nursing

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SOUTHERN REGIONAL EDUCATION BOARD

The Southern Regional Education Board (SREB), formed in 1948 at the direction of the Southern Governors' Conference, was the first interstate compact for higher education in the United States. The Board directs regional planning and action in higher education, its central concern is the optimum use of higher education resources of the Southern region.

SREB staff members work with state government officials and representatives of academic institutions and other agencies to: research and report the needs, issues, and developments in higher education; conduct cooperative and institutional programs to improve all levels and types of programs in higher education; provide consulting services to the region; and serve as fiscal and administrative agent in interstate arrangements for regional educational services and institutions.

The Board, which has no power of enforcement, depends entirely on the interest and commitment of cooperating states and institutions. Its basic operating costs are provided by member states, while program activity is financed for the most part by foundations and federal agencies. Member states are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and West Virginia.

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COUNCIL ON COLLEGIATE EDUCATION FOR NURSING

Since its inception in 1948, the Southern Regional Education Board (SREB) has been involved in regional planning for nursing education. In that year, a Board Commission on Education in the health professions was organized; a key subcommittee on nursing made recommendations for regional planning in nursing education. This subcommittee was followed in 1951 by the Committee on Nursing Education, which identified the need for "adequately trained instructors, supervisors, and administrators" as the South's most significant priority in nursing. The Committee stipulated that the master's degree was essential preparation for such positions. At that time there were no graduate programs in nursing in the region; first attention then, was to the development of master's programs and six were established by the mid-Fifties. Regional attention was next directed toward strengthening and expanding nursing education programs at all levels. The Council on Collegiate Education for Nursing was formed in 1962 as the major mechanism for working toward these goals.

Over the next decade, supported by two successive five-year grants from the W.K. Kellogg Foundation to SREB, the Council provided a forum for testing new ideas and at the same time was the means for planning and implementing a wide range of activities, including statewide planning, curriculum theory and development, and inservice training for administrators and faculty.

A three year grant (1972-1975) by the Division of Nursing, DHEW, enable SREB and the Council to assess the need for continued regional planning, and to explore and develop plans for a more permanent arrangement. In 1975, as an outgrowth of three years study, the Council became a self-supporting membership organization in affiliation with SREB. Council membership includes deans and directors of associate degree, baccalaureate, graduate and continuing education programs for nurses in more than 200 colleges and universities in the South. The Council, in cooperation with SREB, provides a forum for sharing information and promoting communication among all types of collegiate nursing education programs, conducts studies and publishes reports, plans and conducts regional activities to stimulate research in nursing within colleges and universities, and engages in other action to strengthen nursing and nursing education in the South.

FOREWORD

Issues surrounding "Entry into Practice" were addressed at the spring 1979 meeting of the Council on Collegiate Education for Nursing. This publication includes papers presented at the meeting. Also included is a summary of the Council's activities and regional nursing projects' activities since the Council's last publication in 1976.

Audrey F. Spector
Executive Director of the Council on
Collegiate Education for Nursing

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ENTRY INTO PRACTICE--HISTORY, ISSUES, TRENDS

Virginia L. Barker
Dean, School of Nursing
University of Louisville
Louisville, Kentucky

I am pleased to have the opportunity to discuss this very important topic on entry into practice. As President-elect and then President of the New York State Nurses' Association in 1975-1977, I participated in that association's struggles to gain legal recognition of the need for baccalaureate preparation in nursing for entry into the profession. It was a tremendous learning experience and I have often wished that more of my nursing colleagues could have such an experience. As we begin to look at this topic, certain facts must be considered and the stage must be set.

HISTORY

Historically, nursing was born in the church during the Crusades, and was bred in the army during the Crimean War. Florence Nightingale gained recognition for nursing as an occupation requiring skill and education. Nursing education developed as an apprenticeship experience within the hospital rather than an educational experience within the university. No doubt, a significant factor in this was the fact that nursing had become an occupation for women and thus shared the role preceptions, both internally and externally, of that gender.

By 1900, the three-year diploma school education was the general pattern in nursing.

In 1923, the first study questioning the preparation of nurses was published. The Goldmark report Nursing and Nursing Education in the United States recommended that nurses be prepared in institutions of higher education. The report was carefully discussed and then filed in bookshelves all over the nation.

Twenty-five years later, in 1948, another study, Nursing for the Future: A Report Prepared for the National Nursing Council by Esther Lucille Brown, again stated that nursing education should move into the university. But again the members of the profession failed to act. Another report by Ginsberg in the same year indicated that nursing education programs could be significantly shortened by eliminating needless repetition, a characteristic of apprenticeship curriculums.

From 1948 until now each decade has brought forth an important study, a research paper or a position statement dealing with the placement of nursing education.

In 1951, Dr. Mildred Montag wrote The Education of Nursing Technicians and in 1959, Community College Education for Nurses, giving us the blueprint for associate degree nursing education.

In 1965, the American Nurses' Association published their statement recommending the movement of nursing education into the mainstream of higher education. A position which was unfortunately diluted later--under pressure from the nursing community itself!

In 1966, the New York State Nurses' Association Council on Nursing Education published a Blueprint for the Education of Nurses in New York State which advocated collegiate education for nursing, again.

In 1970, An Abstract For Action by Dr. Jerome Lysaught once more underscored the need to reduce the multiplicity of educational approaches in nursing.

In 1973, in a follow-up to his first study, Dr. Lysaught enumerated the need for immediate change in both nursing education and nursing service in his From Abstract into Action.

In 1975, the New York State Nurses' Association Blueprint, published originally in 1966, was updated to reflect the legislative proposal, effective in 1985, which outlined requirements for entry into practice.

After 56 years of study and repeated recommendations, nursing is still not recognized as a profession needing baccalaureate preparation.

In 1974, the New York State Nurses' Association introduced the proposal requiring baccalaureate preparation for entry into the profession in that state by the year 1985 -- the now famous "1985 Proposal". It was believed that there would need to be a sufficient lead time for adequate gearing up of the educational system, hence the advance date. Two nursing careers were delineated--practical nursing, requiring two years of preparation with an associate degree, and professional nursing, requiring four years of preparation with a baccalaureate degree. This was the first such legislation ever to be introduced in any legislative body.

The legislators were surprised to learn that nursing did not already require baccalaureate preparation. They felt it was merely an oversight on someone's part and believed the bill would pass with little attention. Little did they understand nurses and their ability to carve one another into little pieces. Controversy erupted immediately among the nurses.

The graduates and nurse educators of associate degree nursing programs objected vehemently against being called "practical." They insisted that

they were "professional." Didn't their New York State License clearly state that they were "Registered Professional Nurses"? Didn't they write the same licensure examinations as the four-year graduates? Weren't they doing the same things, i.e. nursing care in the hospitals?

Nurses opposing the bill wrote letters to assemblymen and senators. They united with other non-nursing groups such as community college administrators and general educators. Encouraged by these nurses, other groups joined the fray. The State Hospital Association lobbied against the bill. The State Medical Association formed a committee (of doctors, naturally) to study the problem and to make recommendations as to how nurses should be educated. This committee on medical education of The New York Academy of Medicine stated that:

> "To paraphrase Clemenceau, the Committee believes that nursing education and practice, like war, are far too important to leave to nurses, administrators, educators and sociologists alone."[1]

Translation: Only physicians are capable of knowing how nurses should be educated and how they should practice. The committee's report labeled nursing as vocational training, saw associate degree nursing programs as "disaster," and decried the loss of the hospital setting in nursing education where:

> "The students surrounded by the cries and smells of the sick get an educational experience for which there is no substitute; it is a far cry from the detached, largely theoretical, impersonal atmosphere of a college campus."[2]

These quotes are from a 1977 medical journal, not 1877. While you may find them to be personally offensive I believe that, unfortunately, they are descriptive of nursing's stature in the eyes of many physicians.

The legislators were stunned by the nurses' opposition. One commented to me personally that he had always regarded nurses as professional people, but after receiving the opposing letters, he had changed his mind completely. Another group of nurses opposed the grandfather clause in the bill and wanted a separate license for the practitioner graduate, making four nursing careers: practical, associate, baccalaureate, and nurse practitioner. Needless to say the legislation did not progress.

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[1]Statement on "Nursing Education: Status or Service Oriented?" by Committee on Medical Education, The New York Academy of Medicine Bulletin, New York Academy of Medicine, 1977, pp. 490-509 Vol. 53 No. 5, June 1977.

[2]Ibid. p. 422.

The following year the legislation was again introduced with one change. The title of practical nurse was changed to that of associate nurse. After a year of intensive consultation and meeting, the Council of Associate Degree Educators in New York had agreed to support the bill with this change. However, now the practical nurses were angered and withdrew their support. Subsequently, the practical nurses introduced separate legislation which would have significantly reduced much of the educational differences between practical nurse programs and associate degree nursing programs.

After the bill was introduced, the Associate Degree Council changed its mind and withdrew its previously promised support. The legislators were really impressed by nursing's antics. The bill again did not move.

However, in 1978, the 1985 bill was again introduced. I believe that the New York State Nurses' Association will continue to seek the passage of this legislation each year until they are successful. But they may not be the first state to do so. Other states, for example Ohio, are looking at similar legislation. In New York the opposing sides in this endeavor may be so entrenched that initial passage is impossible in that state. Regardless of where it is first passed, New York will eventually have such legislation. In the meantime, the New York State Nurses' Association has led the way for the profession in this critical issue.

ISSUES

What are some of the factors to be considered in looking at preparation for entry into practice?

1) Nursing is not recognized as a profession by many nurses themselves. The profession must be regarded by its members as a life-long career commitment--a career requiring maintenance of skills and continued learning. Nursing must not be seen primarily as economic backup to rely upon at some future need or as excellent preparation for motherhood or widowhood. We in nursing education have unfortunately advanced these very reasons as support for recruitment. Then we wonder why the numbers of inactive nurses are so large and why many fail to see the need for continuing education.

Nursing's failure to be recognized as a profession by others is related to the lack of nursing leadership. The small number of baccalaureate graduates available to pursue graduate studies and assume leadership roles is crucial. It is difficult to be regarded as a colleague by other members of the health team when they have much greater individual preparation. While academic credentials in themselves cannot guarantee improved nursing, they do signify certain academic achievement which is recognized and understood by other professionals. Academic degrees represent the "union cards" needed to gain the attention which is essential if the nurse is to be given a chance to participate in health care as a colleague. We may decry such a situation and resent the implications -- but that is the system we face.

With the knowledge explosion in the health field, and the need for nursing's contribution growing, the preparation of the nurse must be at the baccalaureate level if the quality of patient care is to improve.

2) The issue of career mobility is paramount. Non-nurses who oppose the 1985 proposal raise this as well as nurses themselves. There must be articulation of associate degree and baccalaureate nursing programs. Educators must develop avenues for diploma graduates to earn baccalaureate nursing degrees. The New York State Regent's External Degree is one example of a non-traditional nursing program designed to help individuals demonstrate the knowledge and skills needed to earn the associate or the baccalaureate degree in nursing. The program is one of assessment, not instruction, and relies heavily on individual initiative. The associate degree program is accredited by the National League for Nursing. The baccalaureate program is in the process of development and is scheduled for completion by spring 1980. National League for Nursing accredition for this program will then be sought. While the Regents' External Degree programs are not for everyone, they do represent alternative paths and over 5,000 individuals are enrolled in them at present. As a member of the Regents' External Degree Nursing faculty since its beginning in 1970, I believe in the program.

Traditional nursing programs must also address the issue of career mobility for diploma and associate degree graduates. The development of upper division baccalaureate programs represents one solution. Care must be taken, however, to ensure that such programs do include a true upper division nursing major. Another solution is the advance placement of transfer students -- graduates of diploma and associate degree programs -- in generic baccalaureate programs using challenge and proficiency examinations. Again, care must be taken to utilize nationally validated exams where possible. I do not interpret the development of such programs as support for the continuance of diploma education. We cannot continue diploma schools and then demand career ladders as a remedy. Instead let us assist those who have already completed a diploma education and, at the same time, work to require baccalaureate preparation for those who are now beginning study for professional nursing. Regard it if you will as preventive medicine in nursing.

3) We in the profession must delineate the competencies to be developed in technical, professional, and graduate nurse education. This problem is complicated by the knowledge explosion in the health field and the rapidity with which changes are occurring. Mr. Elliot Richardson, the former Secretary of Health, Education, and Welfare, has stated that nursing must assume a larger role in delivering health care to Americans. In a report, Extending The Scope of Nursing Practice, nursing's future was related to extending its scope of practice. As nurses receive more extensive academic and clinical education, they are developing additional competencies used in dependent, independent, and interdependent roles in the delivery of health care. This period of change requires the establishment of a legal basis for this practice. According to Janice Ciesla:

"In this period of transition, the identical procedure performed on a patient may be the practice of medicine when carried out by a physician or the practice of professional nursing when carried out by a nurse."[3]

Another reason for delineating nursing competencies is the need to identify specifically the relationship between quality of client care and the preparation of the nurse. Opponents of the 1985 proposal charge that we have failed to prove that baccalaureate nursing preparation enables the nurse to give improved or different client care. Evaluation of nursing care can only be done via valid and reliable nursing competencies.

4) The issue of accountability to students cannot be avoided. It is fraudulent to offer students differing programs for the same licensure and career. We in the profession have tolerated the practice of states issuing the same license to graduates with different preparation and we cannot continue to condone this. Neither can we continue to accept the hiring of nurses for the same positions and salaries irrespective of their preparation. This latter practice makes it difficult to offset the argument that the cost of hiring the baccalaureate graduate will be prohibitive--another argument of those who oppose the 1985 proposal.

5) Another issue is that of reciprocity for nurses. If the 1985 proposal passes in New York State, nurses from other states who do not have a baccalaureate education would not be able to obtain a license to practice there. Thus it is true that it would be a transition period not unlike that when the state board test pool of examinations was instituted. Many believe that the domino theory would operate and other states would rapidly follow suit.

6) This issue is the impact on accessibility to the nursing profession for the historically disadvantaged groups--an argument frequently raised by opponents of the 1985 bill. How fair is it to admit any student regardless of race, creed, sex, or ethnic origin to an educational program purporting to prepare them for a position in a profession which is not recognized by any legal body, and not acknowledged as a colleague by other members of the health team?

7) Still another issue is the one of membership in the professional nursing organization. Today only professional nurses are eligible for membership in the American Nurses' Association and its constituent state and district associations. If one must have baccalaureate preparation in nursing to be regarded as a professional nurse, this will limit the number of people eligible for this membership. Opponents of the 1985 proposal claim this will

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[3]Ciesla, Janice, R.N., J.D. "Nursing Practice Acts," Occupational Health Nursing, October, 1977 p. 13.

further encourage the elitism that will result from enactment of the proposal. Supporters of the proposal counter by indicating that the number of nurses holding membership in their professional organization today is only about one-fourth of those actually licensed and thus we truly are not eliminating large numbers of members. It is conceded that where there would be some alteration in membership, it is still a viable concept. An alternative to be considered would be perhaps an associate membership for the technically prepared individual. This alternative is not viewed with great warmth by those individuals who would find themselves in that classification. Again, the origin of this problem lies in the concept that "A nurse is a nurse is a nurse," regardless of preparation. The New York State Nurses' Association has had a select committee composed of associate degree nurses, associate degree nurse educators, baccalaureate nurses, and baccalaureate degree nurse educators looking at this particular problem. They submitted a recommendation to the board which was in turn submitted to the voting membership at the 1978 convention. The recommendation would have restricted membership of new graduates in the New York State Nurses' Association after 1985 to those people completing a baccalaureate program with an upper division major in nursing. The voting membership rejected the recommendation and sent it back to the board for further study. The issue of membership in the professional organization is a critical one; particularly at this time when nursing leadership and nursing power must be exercised to influence the developments in health care. The vacuum in leadership in nursing has been most apparent over the years and we have reaped the consequences of it. If we restrict the membership base and then fail to develop our leadership simultaneously, this will have dire consequences for the profession.

8) A final issue related to membership in the professional organization deals with the economic and general welfare programs of the American Nurses' Association and the constituent state associations. The attempt by the professional associations to improve the quality of nursing care given through the economic and general welfare programs has been viewed by hospital administrators as a very negative attempt. When the National Labor Relations Board ruled that voluntary hospitals had to participate in labor negotiations with their staffs (previously they had been exempt from this ruling) it opened the door for the professional organizations to bargain on behalf of nurses. It also opened the door for the non-nurse labor organizations to become involved. The basic difference between the professional association's program and that of the non-nurse labor organization is that the former is involved with monitoring quality of patient care and standards of nursing, as well as the economic returns for the nurse. This association is qualified to do so because members are nurses and they know what standards should be maintained. The non-nurse labor organization, while it may have nurses as consultants, primarily is dealing with the wage classification and salary scales and will be composed of many types of workers in the hospital, not just nurses. As a result, the contract negotiations may be filtered through the eyes of an elected, non-nurse individual who is completely removed from direct patient care.

This is a real situation. On the east coast, the labor organization 1199 has been engaged for years in an attempt to bring nursing into their bargaining units. In many New York City hospitals they represent all other kinds and types of workers with the exception of nursing. The New York State Nurses' Association has worked to maintain their right to represent nurses in those hospitals. It has been because of diligent effort of the professional associations' part that patient care standards have been considered in contract negotiations. There is a widespread movement on the part of hospital administrators to influence nursing supervisors and directors of nurses not only to not participate in their professional organization or association, but to actually drop their membership, saying this was a conflict of interest. It is interesting to note that no physician on the staff of a hospital is intimidated or threatened with loss of privileges if they belong to their professional association. In fact, the exact opposite has been true in the past; physicians were denied staff privileges if they did not belong to the American Medical Association. While that has been declared illegal, still peer pressure in the physician's role has been sufficient to maintain AMA membership. In nursing we do not enjoy such peer support and we find nursing supervisors and directors being intimidated and actually dropping their membership. This is another cause for decrease in membership in the professional organization, and it is one we should view with great alarm.

TRENDS

When we plan the action needed to move nursing into the ranks of professions, we must consider those trends developing or present in our society. Any consideration of the health scene today will include economics -- with a big "E". Health is the second largest business in the United States. Inflation related to the health delivery system is frightening. The rate is more than 50 percent above the consumer price index and expenditures are doubling every 5 years. It is reasonable to expect cost-effectiveness to become a force to be reckoned with in health care. Witness the president's action regarding the 7 percent lid on expenditures in hospitals. It is also reasonable to anticipate that cost-effective measures may be applied first to the largest service component -- nurses. We must identify nursing's contribution quickly.

A variety of groups are working or have developed competencies to be expected of the products of the various nursing programs. These include the different Councils of the League, the Regents' External Degree faculty, the New York State Nurses' Association, the American Nurses' Association and the Southern Regional Education Board. The updating of state nurse practice acts is also stimulating interest and work toward establishing a legal definition of nursing, including the expanding role. This role in nursing is a subject of discussion among many. The rapidly changing responsibilities of client care, coupled with increased educational programs, demands a determination of nursing practice. What is to be expected as a part of the practice of nursing after completion of the baccalaureate degree, the master's degree? Is there danger of losing nursing's identity via the extended role which becomes

the physician's assistant? Is the term "the expanded role" a euphemism? Are we in danger of becoming "under-trained physicians and over-trained nurses" as some predict?

The number of states requiring continuing education in nursing is increasing. As such systems are established they could be used to help those nurses without baccalaureate preparation, who would be "grandfathered" in as professional, to acquire the necessary professional skills and knowledge. This would help to overcome the objections to grandfathering held by some nurses and others.

Economics plays a major role in the decreasing number of diploma programs. Hospitals cannot afford to subsidize them, and third party payers will no longer accept educational cost as a legitimate portion of the client's bill. Faculty prefer teaching appointments in degree granting institutions with the resources therein. Students are more sophisticated in their choice of educational programs. As a result it is difficult to maintain the quality of the diploma programs. The director of one of the largest diploma schools in New York, a well-known institution, told me that within 10 years there will be no diploma schools left in that state. Economics will do the job for the profession.

Do we, as a group, trust that other problems will be solved in a similar manner? If so, are we assured that nursing will survive until these other forces act, hopefully, with an acceptable solution? If we fail to become a positive force and move forward on these issues, then I submit to you, we are simply rearranging deck chairs on the Titanic.

Bibliography

A Blueprint for the Education of Nurses in New York State, New York, New York State Nurses' Association, 1966.

Brown, E.L., Nursing for the Future: A Report Prepared for the National Nursing Council, New York, Russell Fage Foundation, 1948.

Ciesla, Janice H., "Nursing Practice Acts," Occupational Health Nursing, October, 1977, pages 13-70.

Creighton, Helen, "The Law for the Nurse," Supervisor Nurse, July, 1978, pages 14-18.

Ginzberg, Eli, Chairman, Committee on the Function of Nursing. New York, MacMillan Company, 1948.

Goldmark, J., Nursing and Nursing Education in the United States, New York, MacMillan Company, 1923.

Kelly, Lucie Young, "Credentialing of Health Care Personnel," Nursing Outlook September, 1977, pages 562-569.

Lysaught, J. P., An Abstract for Action, New York, Blakiston Publishers, McGraw-Hill, 1970.

Lysaught, J. P., From Abstract into Action, New York, McGraw-Hill, 1973.

McClure, M.L., "Revolutions of the Seventies," The Oklahoma Nurse, December, 1976, pages 4-7, 14-15.

Meressa, D. A., "Nursing in Pennsylvania Takes Another Step Toward Professionalism," Pennsylvania Nurse, February, 1977, pages 4-5.

Miller, Jerry W., "Licensure Certification, Into Academic Degrees," Office on Educational Credit, American Council on Education.

Montag, M. L., Community College Education for Nursing, New York, Blakiston Division, McGraw-Hill Book Company, 1959.

Montag, M. L., Where is Nursing Going, New York, Department of Associate Degree Programs, National League for Nursing, 1975, Publication No. 23-1585.

"Nursing Education: Status or Service Oriented?," Committee on Medical Education the New York Academy of Medicine, Bulletin New York Academy of Medicine, June, 1977, pages 492-509.

Rines, Alice R., "Associate Degree Education: History, Development, and Rationale," Nursing Outlook, August, 1977, pages 496-501.

Rogers, M., "Legislative and Licensing Problems in Health Care", Nursing Administration Quarterly/Politics and Power, Spring 1978, pages 71-78.

"The Baccalaureate Degree is Requirement for R.N. Licensure," Nurse Educator, January-February, 1978, pages 28-29.

Wagoner, Elizabeth F., "The Issue of Separate Licensure Enters the Nursing Arena," Journal of Nursing Education, January, 1977, pages 11-13.

THE APPROPRIATE PREPARATION FOR RN LICENSURE IS THE ASSOCIATE DEGREE

Virginia O. Allen
Dean, School of Nursing
Marshall University
Huntington, West Virginia

To maintain some semblance of order and present a paper that passes the test of logical progression within a limited period of time, I have attempted to examine the question of entry into practice and, with full awareness, will not discuss in detail the concomitant issues of licensure vs. registration, upward mobility, grandfathering, etc.

To begin, it is important to reiterate the definition of entry into practice as it is being used at this meeting today. Entry into practice has been defined as the initial legal license to practice as a registered nurse. I support the associate degree as preparation for the initial legal license to practice as a registered nurse. Basic to this position, however, are critical questions which need to be answered and I will raise them as I proceed.

Those of us in associate degree nursing education have always subscribed to the baccalaureate degree in nursing as the minimum educational preparation for entry into professional practice. From the time the first associate degree nursing program was founded in 1952, curricula have been developed on the original assumption of Montag's that "the functions of nursing can and should be differentiated into three basic categories, the professional, the semi-professional or technical (associate degree), the assisting."[1] In the research years of the associate degree nursing program, the scope of nursing practice was designated as bedside nursing which implied certain limitations that differentiated the role of the registered nurse with an associate degree from that of a registered nurse with broader professional preparation. There was the assumption that these nurses would function where they had access to the supervision of other nurses more broadly prepared.[2] A belief that is espoused yet today. These assumptions were supported in 1965 with the position statements from the American Nurses' Association on educational preparation for nurse practitioner. From the beginning, qualifying for registered nurse licensure was explicitly stated as one aim of associate degree nursing education and, for 25 years, graduates from associate degree nursing programs have been writing the examination to become registered nurses. Recent data show that approximately 50 percent of the new graduates each year are from associate degree nursing programs.[3]

In 1975, the Southern Regional Education Board went on record as supporting the concept that associate degree education prepares the first level registered nurse for secondary care and, in the same year, the executive committee of the National League for Nursing Council of Associate Degree Nursing Programs "resolved, that action be initiated immediately to protect and retain the registered nurse licensure of the graduate of associate degree nursing programs in all states and territories of the United States."[4] Subsequently the Liaison Committee of the American Association of Community Junior Colleges-Council of Associate Degree Programs "resolved, that careful regional reviews be conducted by affected groups prior to any legislation to modify the current entry requirements of registered nurse practice,"[5] and the National League for Nursing published a statement that the present licensing system should be maintained. In 1978, the Council of Associate Degree Programs reaffirmed the "purpose and intention of all associate degree nursing programs to continue to prepare the first level registered nurse."[6] All of the state Nurses' Associations' resolutions propose that candidacy for licensure to practice professional nursing require a minimum of a baccalaureate degree in nursing. In most instances, there are statements that preparation for the first level of nursing practice take place in associate degree nursing programs and the license for this level bears numerous titles -- associate registered nurse, registered associate nurse, associate nurse.

During the past month, I have met with several groups of nurses in numerous states and I seized the opportunity to ask for their positions in regard to associate degree education as preparation for the first level registered nurse. Those who gave definitive responses supported associate degree education as preparation for the initial legal license to practice as a registered nurse. Reasons given to support their opinion, I summarized and categorized under three major headings: History, Need, and Legal. These reasons also reflect my opinion.

HISTORY

The associate degree program was founded with the explicit aim to prepare applicants to qualify for registered nurse licensure. During the fledging years, substantial changes were made in state board regulations to allow for programs less than three years in length. The American Nurses' Association has admitted the graduates to membership. The graduates have been employable. In other words, as the programs developed and increased in number, there was significant support from the nursing community and the graduates established an identity as registered nurses. To suddenly eliminate this visible group of registered nurses in the future would deny what the last 27 years have proven -- that associate degree graduates are able to perform in the roles for which they have been prepared and contribute to nursing care delivery. Erlene McGriff in her debate with Laura Simms about the New York Student Nurse Association 1985 Proposal stated that "the fallacy of the 1985 Proposal is the assumption that one level of educational preparation (baccalaureate) can prepare all future registered nurses."[7] She recommended that present licensure

for registered nurses remain and offered the alternative of a new license for the "professional independent nurse."

NEED

Presently, there are over 658 associate degree nursing programs graduating over 36,000 nurses a year for the market place. Studies have shown that these graduates are able to assume the roles for which they are prepared. Blakeney believes that, "...the associate degree nurse in the 1980s will continue to plan and give direct, immediate care to patients, assist in long-range planning for patient care, and assist in evaluating the results and efficacy of care rendered."[8] She asserts that, "the nursing technician's role in the occupation of nursing will bear the same relationship to the professional nurse's role that has existed since the concept of the associate degree nurse was introduced...."[9] Montag's position is clear in her statement that: "There seems to be no reason to change the belief expressed at the beginning of the Cooperative Research Project that there is a place for the registered nurse giving direct care at the side of the patient."[10]

I believe that changes now occurring in the delivery of nursing and health care and those envisioned for the future will not negate the need of the public for a registered nurse technically prepared but these changes will affect where this nurse's services are delivered. The role of the associate degree graduate is to give direct care to patients and is to be implemented along with the services of nurses broadly prepared. Primary nursing will affect staffing patterns in health care institutions and will significantly impact on expected roles and competencies of the nurse delivering care. The question has been asked if, within the concept of primary nursing, there is a place for associate degree nurses? I believe there is. There are agencies where primary nursing is practiced with a mixture of associate degree and baccalaureate degree graduates.

The interchanging of roles conceptualized as ones appropriate for associate degree nursing practice and professional nursing practice causes confusion and often leads to false perceptions about the performance abilities of associate degree nursing graduates. The utilization problem is an old one and continues to be a major concern. Why does the problem persist? Is it because the educational program is not preparing a marketable product, or is it because there is no differentiation legally? Is it because the employers do not see differences in the performance of registered nurses with different educational backgrounds, or is it because job descriptions do not differentiate?

LEGAL

The most frequent response to my inquiry was the need for a protective title for the consumer of nursing services and a title that would identify

the graduates for the public. Registered nurse was supported as the appropriate title. To lend credence to this argument, evidence that graduates can pass the state board examinations was cited. Eighty-four percent of the associate degree graduates pass state boards at the first sitting according to 1978 National League for Nursing data.[11] Results of a recent study undertaken by McQuaid and Kane to determine what differences in performance existed among graduates of the three types of educational programs (Associate Degree, Diploma, Bachelor of Science) showed that "differences among the candidates from each type of program are much larger than the differences among the mean scores for the three types of programs."[12] However, there was a lack of a clear pattern of performance for associate degree graduates for the ten categories of measurable abilities identified. Does this indicate a lack of agreement among our associate degree educators as to the purposes of associate degree education and what content should be included in our programs?

The National League for Nursing Council of Associate Degree Programs is examining nurse practice acts to determine if there is congruency between definitions of nursing practice and the National League for Nursing competencies of the associate degree nurse on entry into practice. I was asked by the task force to compare the competencies with West Virginia's Nurse Practice Act. I found congruency, however, the missing components were those related to scope, i.e., structured setting, guided by a more experienced nurse, common, well-defined health problems, nursing interventions selected from established nursing protocols with probable outcomes. The unlimited scope is a major concern to me and legally allows the graduates to move beyond their preparation for practice to one of independence. Two credentials might be an answer. One for associate degree nursing and one for professional nursing could control the scopes of practice and thus protect consumers. I have just received the Report from the Committee on Credentialing. It is recommended that registration be the process for assisting personnel and licensure for professional nurses. These recommendations bring to the fore different ways of viewing licensure and registration and give to the professional society the responsibility for defining assisting personnel and the professional nurse.[13]

No one in their responses to my inquiry about entry into practice mentioned competencies of the practitioners in relation to the needs of consumers. Lewis' editorial in the February 1979 Nursing Outlook hits the "nail on the head" with her statement, "If the profession's scope is as broad as we claim it is, couldn't the categorization take as its point of departure the work to be done? Then the education for that work could be patterned accordingly. We might come out with the same educational distinctions, but they'd be grounded in considerations of service, not status."[14] Montag summarized the present situation well when she stated, "It strikes me that what is missing in nursing today... is clarity of purpose. We seem overly concerned with means without being sure of the ends we desire."[15] What was true in the past may not be what is needed for the future.

The National League for Nursing Council of Associate Degree Programs produced a statement of competencies for associate degree nursing entry into practice. The competencies were derived from conceptualized roles based on performance expectations of educators and service personnel. I believe this document has given associate degree nursing a clear identity. The question remains, How do these competencies compare and articulate with those for professional practice? Numerous state nurses' associations, as you know, have developed competencies for entry into practice for the associate degree and bachelor of science practitioners in an attempt to differentiate.

Two of the resolutions passed at the 1978 American Nurses' Association convention address many of the questions I have raised. These resolutions are: (1) "identification and titling of establishment of two categories of nursing practice," (2) "establishing a mechanism for deriving competency statements for the two categories of nursing practice."[16]

The American Nurses' Association task force analyzing and selecting competency statements for professional nursing practice and associate degree nursing practice and the one identifying and titling the two categories have the potentials for grounding our positions in consideration of service and needs of consumers.

I strongly support the associate degree as preparation for the initial legal license to practice as a registered nurse. This period in time is a "fuzzy" one. Until the American Nurses' Association task force's report to the house of delegates in 1980 and the credentialing report has been thoroughly discussed, I believe we should reserve opinions about changes for the future.

References Cited

[1]Mildred L. Montag, Community College Education for Nursing, McGraw-Hill Book Company, 1979, p. 3.

[2]Ibid., pp. 2-3.

[3]Nursing Data Book, National League for Nursing, 1978, p. 27.

[4]Council of Associate Degree Programs, AD News, National League for Nursing, Volume 2, Number 2, May, 1978, p. 4.

[5]Ibid.

[6]Ibid.

[7]Erline McGriff, "Two New York Nurses Debate," American Journal of Nursing, Volume 76, Number 6, June, 1976, p. 930.

[8]Hazel W. Blakeney, "Future Directions for the AD Nurse," Nursing Outlook, Volume 21, Number 2, February, 1973, p. 107.

[9]Ibid.

[10]Mildred L. Montag, Evaluation of Graduates of Associate Degree Nursing Programs, New York: Teachers College, Columbia University, 1972, p. 86.

[11]NLN News, National League for Nursing, Volume 26, Number 5, June, 1978, p. 6.

[12]Eileen A. McQuaid and Michael T. Kane, "How Do Graduates of Different Types of Programs Perform on State Boards?," American Journal of Nursing, Volume 79, Number 2, February 1979, p. 305.

[13]The Study of Credentialing in Nursing: A New Approach, Volume 1, The Report of the Committee, American Nurses' Association, January, 1979, pp. 86-87.

[14]Editorial, "The Issue That Won't Go Away," Nursing Outlook, Volume 27, Number 2, February, 1979, p. 107.

[15]Mildred L. Montag, "Where is Nursing Going?" paper presented at the National League for Nursing Convention, New Orleans, Louisiana, 1975, p. 7.

[16]The American Nurse, Volume 11, Number 1, January 20, 1979, p. 5.

THE APPROPRIATE PREPARATION FOR RN LICENSURE IS THE BACCALAUREATE DEGREE

Billye J. Brown
Dean, School of Nursing
The University of Texas at Austin

The subject, "The Appropriate Preparation for RN Licensure is the..." was somewhat troublesome to me as I began to organize thoughts to share with you. The broad topic "Entry into Practice" implies to me that we are to discuss the educational level at which we believe practice should be entered. As I am on the panel speaking about baccalaureate degree education, it is my charge to defend that as the entry level for professional practice. The subject of preparation for RN licensure seems to me to be somewhat different. I will, in the time which I have, refer to the broad topic as well as the specific subject of RN licensure, define professional nursing, state my beliefs about nursing education and the characteristics of professional nursing which qualify it as the preparation for RN licensure. Recently, a report titled, The Study of Credentialing in Nursing: A New Approach, has been released by ANA. Although I have not had the opportunity to read the working papers used by the committee, I have read Volume 1 -- "The Report of the Committee," which includes conclusions and recommendations. It appears to provide another dimension to the subject of preparation for RN licensure.

When invited to speak about this subject, I was aware of its controversial nature. In preparing for this presentation, I made a study of the present issue which is causing disunity among nurses and will share the results of my study.

As a prelude to my comments about the baccalaureate degree as the appropriate preparation for licensure, I will share some of my general notions about education for nurses. The terms "professional" and "technical" have been generally acknowledged as useful when describing baccalaureate and associate degree nursing education. Perhaps a term other than "technical" could have been used which might have had greater general acceptance by the larger nursing public, and perhaps this is the reason for an apparent search for another term to describe that person whose educational preparation is a two-year program in nursing. I accept the belief that there should be basic education of nurses at two levels, that the products of these two programs are prepared to function differently, that there is a distinction in their ability to practice, and that it is the responsibility of both the educational program and the service agency to specify differing expectations and provide differing compensation for graduates of each of the programs. I

believe that there is now, and will continue to be, need for graduates of both the two-year and the four-year programs, and that the level of practice should be appropriate to the level of preparation.

I reaffirm my acceptance of the 1965 position of the American Nurses' Association with regard to the "minimum preparation for beginning professional practice at the present time should be baccalaureate education..." and that "minimum preparation for beginning technical nursing practice at the present time should be associate degree education...."

At the 1978 meeting of the ANA House of Delegates, three resolutions were adopted on the issue of entry into nursing. One resolution was for the identification and titling of establishment of two categories of nursing practice. This resolution reaffirmed the 1965 ANA position in education and directed that, by 1980, two categories of nursing practice would be identified, and that, by 1985, the minimum preparation for entry into professional practice should be the baccalaureate level. The other level of nursing would be practiced by individuals prepared in educational programs of shorter duration than that required for the baccalaureate degree. A second resolution established a mechanism for deriving competency statements for the two categories of nursing practice by 1980. The third resolution stated that ANA would actively support increased accessibility to high-quality career mobility programs in nursing.

It appears to me that the present source of the controversy about the entry level issue is a misunderstanding of the intent of the resolutions adopted at the 1978 ANA Convention and of the aim of the 1985 New York State Nurses' Association proposal. The proposal of both groups is not that there should be one level of preparation of nurses which should be baccalaureate but that there should be two levels of preparation, and that entry into the level referred to as professional nursing practice should be restricted to those individuals prepared at the baccalaureate level in nursing. The interpretations which I have heard by those who oppose the ANA resolutions include the speculation that the goal is to discontinue educational preparation at any level except the baccalaureate. That is not the intent of the resolution. Such a move would not be feasible or reasonable, and could not be supported by individuals committed to the concept of the right of all citizens to quality health care. Power struggles within the profession serve the divisive purpose of those who wish to see nursing continue as a struggling emerging profession.

Given the basic premise that the Registered Nurse will be designated as the professional nurse, it is my conviction that the educational preparation for that person should be at the baccalaureate level. The arguments which support this opinion are found in the NLN published characteristics of the graduate of the baccalaureate program, as well as in the definition of a profession. The baccalaureate graduate is prepared as a generalist, to provide what is considered to be the essential components of professional

nursing--care, cure and coordination of care (American Journal of Nursing, December, 1965). For the nurse to fulfill these essential elements of care, a broad liberal and professional education is necessary, such as that which is provided in the baccalaureate program. The characteristics of a profession as stated by Flexner in 1915 and by Bixler and Bixler in 1959, describe the attributes of an individual prepared with a minimum of a baccalaureate degree in nursing. In addition to other characteristics, this individual is expected to demonstrate a mastery of content from a broad general background and an indepth knowledge of nursing which provides the basis for synthesis of data which enhances the level of practice of the professional nurse. The professional also depends on active research in the field to develop a continuing supply of facts.

A recently reported study by Chamings and Teevan (1979) indicates that "current data is inadequate to tell whether graduates of the different types of programs actually perform differently." However, their study questions whether there is a difference in expectations and utilization. Additional study is recommended on the issue before major changes are made in the present system. This opinion seems to be in agreement with the report of the Committee on The Study of Credentialing: A New Approach (ANA, 1979).

To summarize: It is my belief that there should be two levels of education for nursing practice, and the preparation for the professional nurse should be at the baccalaureate level. If registered nurse licensure is to be reserved for the professional nurse, I submit that appropriate preparation for RN licensure is the baccalaureate degree. My reasons are:

1. The baccalaureate graduate is prepared to be responsible for total nursing care.

2. The baccalaureate degree program is the level at which research is introduced as an inherent part of the learning process and of the practice of the student.

3. The baccalaureate graduate demonstrates a mastery of content and the ability to synthesize data from a broad educational base.

4. The baccalaureate graduate is prepared to assume the responsibility for a large number of persons who are involved in providing total nursing care.

5. The baccalaureate degree program is the first educational level at which the graduate is prepared for a broad range of independent practice in nursing as a generalist.

6. The baccalaureate graduate is prepared to provide care, cure and coordination of care.

Bibliography

American Nurses' Association, A position paper, Educational preparation for nurse practitioners and assistants to nurses. New York: ANA, 1965.

American Nurses' Association, Commission on Nursing Education. Standards for nursing education. (Pub. Code: NE-1 10M 6/75) Kansas City: ANA, 1975.

American Nurses' Association. Entry into nursing practice, proceedings of the national conference, February 13-14, 1978, Kansas City, Missouri. Kansas City: ANA, 1978.

American Nurses' Association, Commission on Nursing Education and Commission on Nursing Services. Task force on entry into practice convention. Program presented at the ANA Convention in Hawaii, 1978.

American Nurses' Association, Study Committee. The study of credentialing in nursing: A new approach (Vol. 1) Report of the Committee. Milwaukee: University of Wisconsin-Milwaukee, School of Nursing, 1979.

"Certification urged for health aide types." Hospital Tribune Report (Washington Bureau). November 1, 1971.

Chamings, P. & Teevan, J. "Comparison of expected competencies of baccalaureate-and associate-degree graduates in nursing." Image. February, 1979, 11 (1), 16-21.

Fagin, C. & McClure, M. "Can we bring order out of the chaos of nursing education?" American Journal of Nursing. January, 1976, 76, 98-104.

Kaiser, J. "Rebuttal: On bringing order out of chaos of nursing education." American Journal of Nursing, April, 1976, 76, 638.

Lee, A. "Seven out of ten nurses oppose the professional/technical split." RN. January, 1979, 42, 83-93.

McClure, M. "Entry into professional practice: The New York proposal." Journal of Nursing Administration. January, 1976, VI, (5), 13-17.

McGriff, E. & Simms, L. "Two New York nurses debate the NYSNA 1985 proposal." American Journal of Nursing. June, 1976, 76, 930-935.

Meyer, L. "Educational requirements raise controversy for health personnel." Hospitals, Journal of American Hospital Association. April, 1977, 51 119-125.

National League for Nursing, Division of Baccalaureate and Higher Degree Programs, Characteristics of baccalaureate education in nursing (Pub. No. 15-1758). New York: NLN, 1979.

Schoor, T. (Ed.). "Its time to look to the future." American Journal of Nursing. February, 1979, 79, 257.

Southern Regional Educational Board, Council on Collegiate Education for Nursing. Entry into practice. Meeting of the Council on Collegiate Education for Nursing. March 28-30, 1979 in Atlanta, Ga.

Southern Regional Education Board. SREB nursing project resolution on associate degree education. (Adopted November 7, 1975 by the SREB Council on Collegiate Education for Nursing.)

U. S. Department of Health, Education, and Welfare, Subcommittee on Health Manpower Credentialing of the Public Health Service Manpower Coordinating Committee. A proposal for credentialing health manpower. Rockville, Md: HEW, 1976.

THE APPROPRIATE PREPARATION FOR RN LICENSURE IS THE GRADUATE DEGREE

Marjorie Ramphal
Dean, Graduate School of Nursing
Pace University
Pleasantville, New York

It seems to me that the two tests which a program preparing for nursing must pass are: (1) Does the program respond effectively to the needs of a given group of students? and (2) Are the graduates of the program able to respond to the needs of society in a way which is consistent with society's values, and is effective and economical?

These two tests, it seems to me, lead to the necessity and desirability of several routes of entry into nursing, sharply differentiated from different groups of students and sharply differentiated in terms of outcomes competencies -- outcome competencies which are needed and wanted by patients and employers and for which they are able to pay.

Nursing education, after all, is only a path to several wayside destinations, one of which, for some graduates, becomes a good and permanent home and, for others, provides a first stop in a long career of continuing development in abilities to serve the public in need of nursing. It seems to me that we in nursing sometimes fight with one another unnecessarily over whether or not one way is the way. There are several good ways to prepare for nursing, each of which has inherent strengths and weaknesses. Furthermore, an individual program within each type may be good, mediocre or poor, depending on its ability to capitalize on the strengths and minimize the weaknesses inherent in its program type.

When I joined the faculty of the Graduate School of Nursing in 1962, I asked Dean Frances Reiter if she thought her new master's degree program for non-nurse college graduates was a model for all professional nursing programs. She responded that she didn't know. I'm not sure that she was interested in my question. Her purpose in developing the program was not to provide a model for all of nursing education; rather, I believe she was interested in providing one good model for nursing education, among others. Having grown (I hope) in wisdom through association with Frances Reiter, Marguerite KaKosh and others, and through further experience in nursing education, I agree that my question was not a good one.

We at Pace University's Graduate School of Nursing do intend to provide one model, among others, for college graduates who wish to enter professional nursing via a graduate program. At present, our program is two academic years in length. There are no course prerequisites. We do have grade-point-average and Graduate Record Examination aptitude test score prerequisites. The purpose of the program is to prepare family nurse practitioners. We see the family nurse practitioner as a generalist professional nurse who is able to assume primary and continuing responsibility for the health care of persons who are sick or well, who are of all ages and of both sexes. She/he is able to adapt the health services she/he provides to the individual and the family. Because most people are well enough most of the time so that they do not require inpatient care, the family nurse practitioner is commonly visualized as functioning in an ambulatory care setting.

Currently, the master's degree is awarded at the end of two academic years and, at that time, graduates are eligible to sit for the licensing examination. Students who wish a certificate from us saying they are prepared for beginning practice as family nurse practitioners must elect a two-month clinical preceptorship following the award of the degree. Almost all of our graduates do elect to complete this preceptorship.

Yale University provides a variant upon this master's degree-granting model. There are no course prerequisites to the Yale program. In the Yale program, the bright, high-achieving, non-nurse college graduate completes one calendar year of intensive general preparation and then enters a specialty track for the last two years of the three-year program. In the specialty, she/he shares courses with graduate students who are already registered nurses and who are pursuing a two-year specialty program leading to a master's degree. The non-nurse college graduate is eligible to sit for the state licensing examination at the end of the second year in the program -- i.e., one year before award of the M.S. degree.

The specialty areas, for the last two years, include community health nursing, maternal-newborn nursing, pediatric nursing, and psychiatric mental health nursing. The community health nursing specialty includes two possible tracks, one of which prepares students as family nurse practitioners. The maternal-newborn nursing track leads to eligibility for certification in nurse-midwifery. All programs, in fact, prepare for expanded roles.

Case Western Reserve's new basic program leading to a doctorate in nursing provides yet another variant on the graduate program preparing for practice. Students may enter the doctor of nursing program either after the junior year of college or as college graduates. There are specific course prerequisites in the liberal arts, the social and the natural sciences. The prerequisites total 42 credits and insure a broad, substantive pre-professional education. The program is three years in length, prepares for general practice, and "provides a more equitable balance between acute care, primary care and long-term care than is currently found in programs in

nursing... there is a concerted emphasis on wellness and maintaining a healthy state."[1] The licensing examination will, apparently, be taken at the completion of the program.

All three of these programs try to select academically able, academically high-achieving college graduates, strongly motivated toward nursing practice. All have no difficulty in finding such students for the limited number of places in our costly programs.

I doubt that any of the deans of these three programs would say that only such students as those we accept should be admitted into programs preparing for professional nursing practice. I suspect that each of us would say, nonetheless, that there is a need for graduate programs to prepare such students as we accept for professional practice. I suspect, also, that each of us would say that our program is experimenting in ways to provide the best preparation for practice for these bright, high-achieving, non-nurse college graduates. I suspect that each of us believes that a graduate degree -- master's or doctorate -- is the most appropriate degree to award to the graduates of our demanding basic professional program.

We believe that a full four years of college education has great value as a base for professional preparation in nursing. Based upon our own institutional research at Pace University, I suspect that majoring in the humanities is of slightly more value, as a base, than is a major in either the natural or behavioral sciences. The advantage is slight, however. What does seem sure to us is that intellectual, cultural, chronological maturity, achieved through a full four years of college education, does provide an advantageous base for a professional education.

In relation to the first test of a good program -- responding to the needs of a specific group of students -- I guess I should make clear that college graduation, in itself, is not a sufficient prerequisite for any of the three programs in this country which provide basic nursing preparation at the graduate level. Each of the three programs awarding graduate degrees as a first professional degree has decided to minister to the needs of a highly select, though numerous, group of students wishing to enter professional nursing.

In regard to the second test of a good program -- that the program responds effectively to the needs of society by leading to sharply differentiated outcome competencies which are needed, wanted, and economically feasible for patients and employing agencies -- it seems to me that, again, there are similarities among our three graduate programs as well as differences. All three prepare for a high degree of autonomy; all three intend to prepare for a collaborative relationship with physicians and other health professionals; all three intend to prepare, to varying degrees, for contribution to nursing knowledge through research. In the Pace University program, we are mainly interested in preparing knowledgeable consumers of research literature, although all students design and carry out a clinical research project.

From my description of the three programs, it is probably also clear to you that the Yale program prepares for specialty practice, whereas the Pace and Case Western Reserve programs prepare for generalist practice. I say this even though one of the Yale specialties is the family nurse practitioner track, which we, at Pace, consider a generalist role. I suspect that all three programs prepare for so-called expanded practice in nursing. Yale and Pace certainly do.

The question is whether or not these competencies are needed, wanted and economically feasible for society and employers. I suspect that a truthful answer would be equivocal. The services are needed and wanted by consumers although few consumers would define their need as one to be fulfilled by nursing. The graduates of these programs can and will find jobs. Many employers do want their skills and abilities -- at least, in principle. Data we have from employers of Pace graduates is, generally, favorable; often highly favorable. Given the fact that our graduates are very assertive, articulate and critical -- even arrogant, I sometimes feel -- I am often surprised at the favorable reports we get.

Nevertheless, I am pretty sure that our graduates do not fit easily into the molds supplied by the health care system. They are choosy about the jobs they take and often critical in regard to the ones they settle for. On the other hand, many report a great deal of excitement and pleasure in the jobs they find, even though they remain articulate in their criticisms of the mold into which they are supposed to fit. Few find jobs labeled "family nurse practitioners." The health care system is not usually organized around the primary care needs of families. A major reason why it is not so organized is because there have been few persons prepared, in recent years, to provide such family-centered care. Therefore, circularly, those who are so prepared have a hard time finding such positions.

To conclude, I believe that the three graduate programs which now provide basic professional preparation in nursing at the graduate level have several built-in advantages upon which they can, if they are able, capitalize: (1) they can assume a broader and more liberalizing base in general education than is possible in a baccalaureate program; (2) because of this, they can concentrate totally on theoretical and clinical preparation for professional nursing practice and, to varying extents, nursing research in the two or three years of the progressional program; (3) they can assume a degree of intellectual and chronological maturity on the part of all students which is not possible in the usual baccalaureate program; (4) because all three are able to select persons who learn rapidly and have demonstrated high academic achievement, they can provide intensive, rapidly progressing learning experiences which lead to more advanced technical and professional competence than is possible generally within the framework normal to a baccalaureate program.

I do <u>not</u> believe that these conclusions imply that <u>all</u> basic professional programs in nursing at this time should convert to graduate programs, nor do

I think that these conclusions imply that eligibility for licensure should be dependent on earning a graduate degree. Indeed, I think a good theoretical case could be made for utilizing licensure as a means to insure technical competence on the part of both technically prepared and professionally prepared graduates. Politically, however, I doubt that that stance is tenable. Therefore, I would conclude that two levels of licensure are probably still needed, one at the technical and one at the professional level. I deplore occasional recommendations that a ceiling should be placed on education leading to eligibility for the professional license by insisting that only baccalaureate preparation (not master's, not doctorate in nursing) should be acceptable in order to achieve eligibility to sit for the licensing examination. Let me remind this group of the old saying that consistency is the hobgoblin of small minds.

Reference Cited

[1]Case Western Reserve University, "A New Program at Case Western Reserve University, Frances Payne Bottom School of Nursing: Doctor of Nursing," unpublished brochure, 1978, p.4.

REGISTERED NURSES AS CAREGIVERS AT VETERANS ADMINISTRATION MEDICAL CENTER SAN ANTONIO, TEXAS

Marguerite L. Burt
Chief, Nursing Service
Veterans Administration Medical Center
San Antonio, Texas

I'd like to share with you the thrill of "being in the right place at the right time with the right people" to do something I'd long wanted to do -- that is, to be in a situation where the best prepared person in nursing, "the RN," provided the care patients require. That's what we are doing at the VA Center in San Antonio, Texas, and we appreciate the opportunity we have to do this. That's why, too, I was so eager to share our experiences with you -- the producers of these RNs. Our concept of practice, "primary nursing," carries through beautifully your objectives at the entry of practice level -- whichever program you are involved in at this time: diploma, community college, basic degree, or higher degree. In addition to our organizational structure, I plan to share with you how the VA nursing service pay structure supports this practice setting, also.

In 1973, when I reported to work at the VA in San Antonio, I found a yet-to-be finished building to house 700 veteran patients; a management team that encouraged us to innovate and supported us (and still does) through major crises; the job to select patient care equipment, supplies and furnishings; and the opportunity to select a staff from ground 0! These were real challenges but, by surrounding myself with staff who dared to be different and the intestinal fortitude to make "things happen," we believe that patients, their families and the nursing profession as a whole have benefited from our experience.

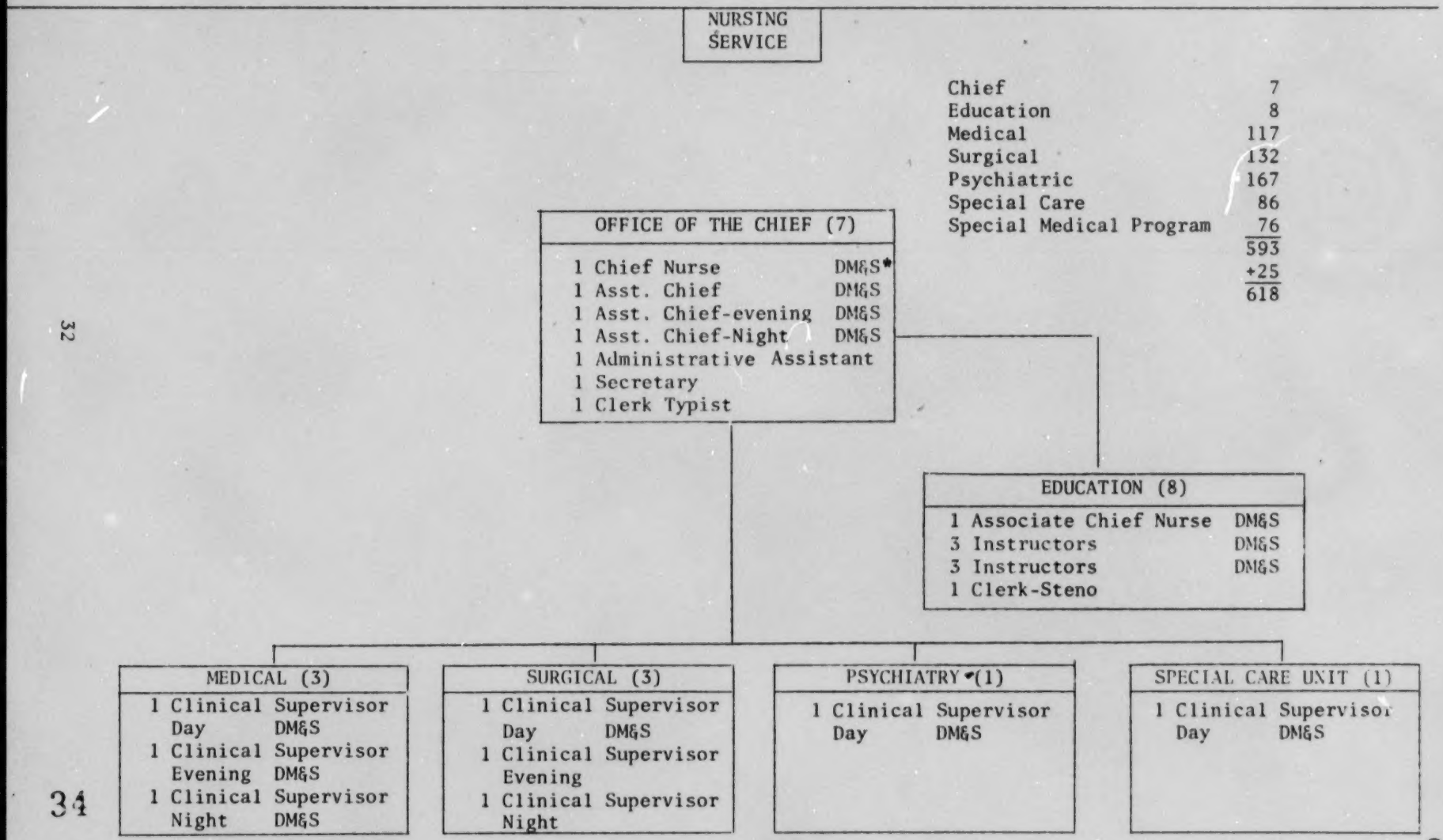
As in any new hospital, a staffing plan has been developed for each service and the nursing service at full activation was estimated to be 618 people, including the traditional organization which would be required for the identified programs (See Figure 1). To break this down further Figure 2 depicts how the Surgical Service would be organized.

We started looking at these plans in view of how could we negotiate an all-RN staff that would be economically feasible and give us the opportunity to show that professional nursing made a difference. At this point, we decided to negotiate the staffing for each nursing unit at a ratio of one RN for two licensed vocational nurses or nursing assistant positions. This was easily attainable for the medical/surgical units (40 bed units) where we

Figure 1

AUDIE L. MURPHY MEMORIAL VETERANS HOSPITAL

San Antonio, Texas

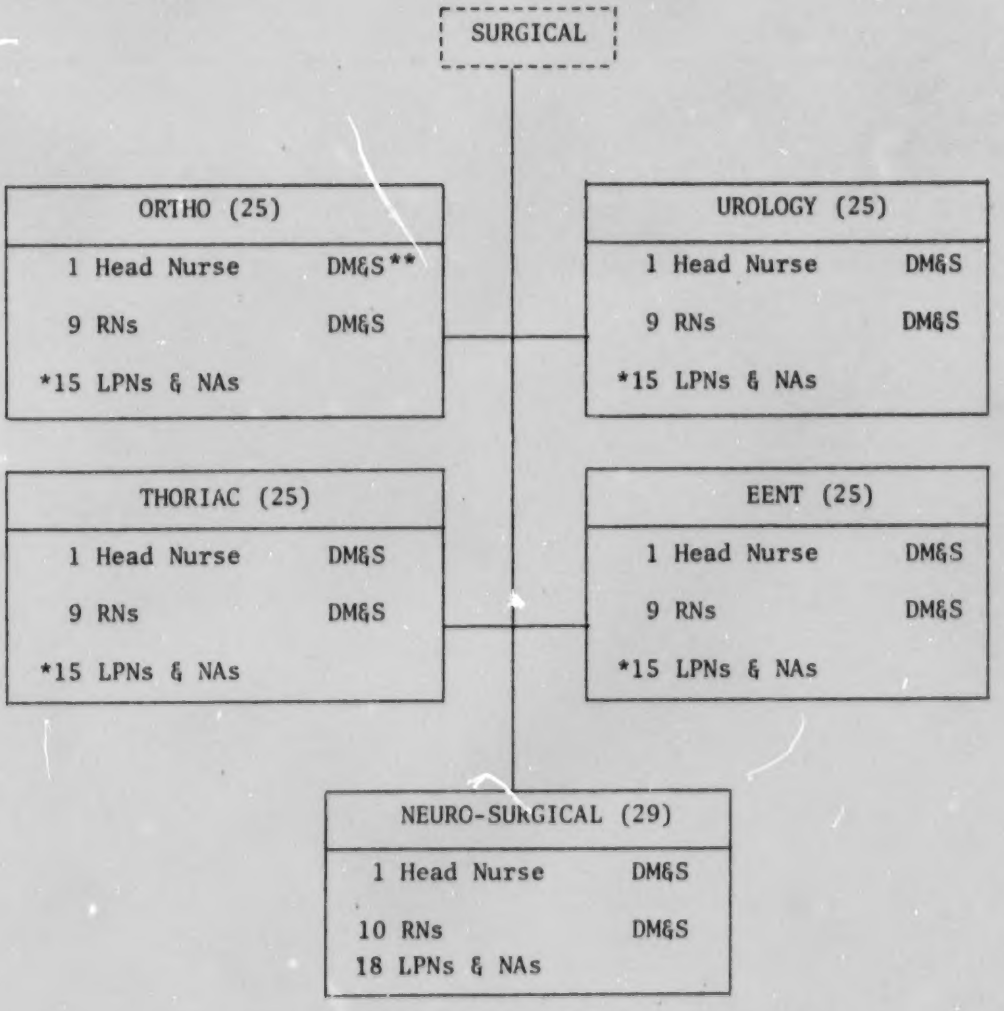


*Department of Medicine and Surgery

Figure 2

VETERANS ADMINISTRATION HOSPITAL
NURSING SERVICE

San Antonio, Texas



*Grades of LPNs & NAs range from GS-1 thru GS-5

**Department of Medicine and Surgery

estimated 17 RNs for the projected 25 full time equivalent. There we found that staff in a relatively short period of time would cost even less as the grades and salaries of the nonprofessionals rose. However, in staffing the psychiatric units where the staffing criteria allowed only 5 RNs with 10 LVNs or NAs for a 30-bed unit, we realized we could not make the same trade-off as the criteria were too low for RNs on these units to be safe practice or to be cost-effective. Here again, the strong support of our top management team accepted the situation and were supportive of us still going all-RN, even if it wasn't cost-effective. They believed with us that "quality of care" would become a reality and we'd eventually be able to make this deficit up at another place. All of our recruitment efforts emphasized "RNs nursing patients" and that our organization would center on the primary nurse who provided direct nursing care. Many of you can visualize the ribbing we took from some directors of nursing who stated frankly, "The VA had better have a higher salary scale and superb fringe benefits because nurses don't want to nurse patients. They're primarily interested in a paycheck and working five days a week -- Monday through Friday on the day tour-of-duty." They became even more incredulous when we made it very clear to each applicant that rotations to all three tours-of-duty and weekends were a requirement and that primary nursing meant providing all the nursing care their patients required when they were on duty. Also, we did not plan to employ any LVNs or nursing assistants in the foreseeable future.

We were gratified by the resounding support we received from the schools of nursing and the increasing numbers of RN applications that kept coming in. Through careful interviews and listening to our "gut feelings," we have continued to select and employ those nurses who are really interested in nursing! The other kinds of nurses just don't stay. Primary nursing quickly identifies the nurse who wants to nurse and is committed to this type practice. However, the other kinds, i.e., the desk nurse, the nurse primarily interested in supervising others or even the inept or misfit nurse rise rapidly to the attention of everyone.

You see, under this concept of care, primary nursing, the nurse cannot hide behind the team or functions assigned. Here, the nurse is the doer and also is the person known to patients, their families and other disciplines as being accountable for care. Nurses in our situation cannot lament (and often rightfully so), "I'm only a staff nurse."

Not only does the nursing service organization revolve around the primary nurse but the hospital supporting services are established and functioning with "primary nursing" as the core. Some of the major ones are the supply service with the supply, processing and distribution section that service the nurse servers in the patients' rooms; the pharmacy service that provides unit dose medications and the intravenous additive program; building management that provides basic housekeeping services; medical administration personnel who provide clerical support along with our own administrative aids to the nursing care coordinators who are an integral part of our primary nursing organization.

As a result of our dreaming, planning and follow-through, our Nursing Service organization now is this one depicted in Figure 3. Hopefully, by this time, you're convinced that we pulled off "a miracle" -- RNs employed to provide primary nursing. But are you thinking "she says they have shown it's cost-effective, but can she prove it?"

Yes, we've made many studies of the salary costs of our staffing and these I will share with you. You can appreciate, I'm sure, the intensity with which we've been studied by other disciplines since we took our first patients in October 1973. In addition to the studies made by the fiscal officers at our hospital, we have had studies made by budget and fiscal representatives from our central office, fiscal surveys made by a similar size VA hospitals and community hospitals, and studies made by several of the hospital administration residents from the Baylor and/or Trinity University programs. I'd like to especially share one of these studies with you inasmuch as that particular resident just couldn't believe that the RN staff wouldn't cost considerably more than a traditional staffing plan. His study entitled, "A Linear Program Cost Analysis of Nursing Staffing -- Research Project III and IV" shows:

Traditional RN and LVN/NA cost	=	$3,583,210
Less Primary Nursing (RN) cost	=	2,957,663
Cost differential	=	$ 625,547

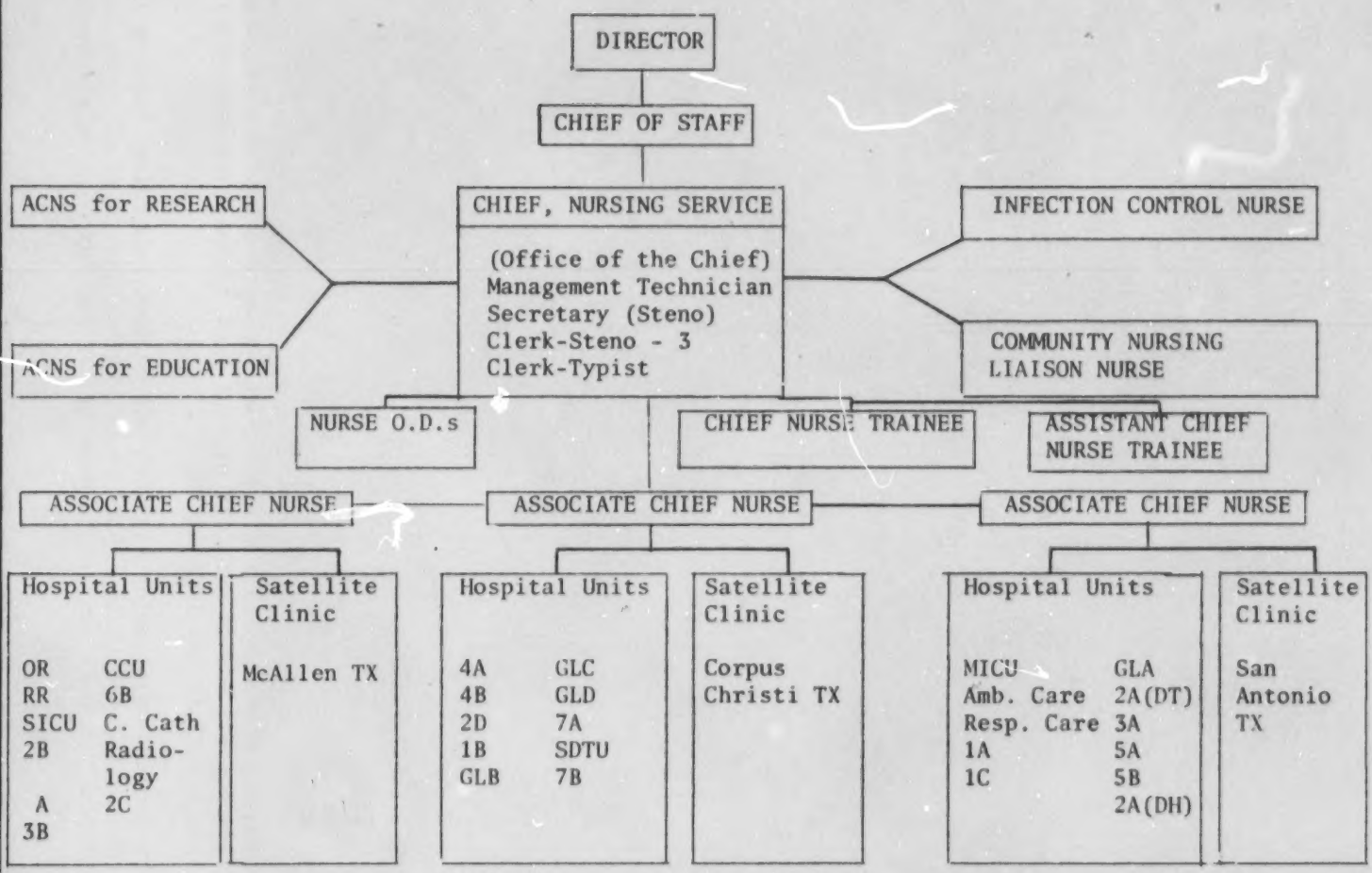
His study was confined to the general nursing units and his results did not support his premise. As you might expect, we gladly (gleefully?) use his results when we're asked for an unbiased study -- $625,000! His efforts to include housekeeping costs to offset the difference in the cost of primary vs. traditional nursing staffing showed a positive dollar saving of $430,000.

Traditional Staffing Total Cost	=	$3,720,388
Less Primary Nursing Total Cost (Including Housekeeping)	=	3,290,091
Cost differential	=	$ 430,297

In September 1978, we had all of our 700 beds open, along with an almost overwhelming ambulatory care program that included three satellite clinics. Our comparative study of our cost at that time revealed we were still achieving a significant cost saving.

Up to this point we've reviewed our concept of primary nursing and the personnel and salary costs. What about another indicator of costs (or satisfaction) such as turnover? Here is how our turnover rate compares to the national VA average.

Figure 3


DIRECTOR
CHIEF OF STAFF
ACNS for RESEARCH
CHIEF, NURSING SERVICE
(Office of the Chief)
Management Technician
Secretary (Steno)
Clerk-Steno - 3
Clerk-Typist
INFECTION CONTROL NURSE
ACNS for EDUCATION
COMMUNITY NURSING
LIAISON NURSE
NURSE O.D.s
CHIEF NURSE TRAINEE
ASSISTANT CHIEF
NURSE TRAINEE
ASSOCIATE CHIEF NURSE
ASSOCIATE CHIEF NURSE
ASSOCIATE CHIEF NURSE
Hospital Units
OR CCU
RR 6B
SICU C. Cath
2B Radio-
logy
A 2C
3B
Satellite
Clinic
McAllen TX
Hospital Units
4A GLC
4B GLD
2D 7A
1B SDTU
GLB 7B
Satellite
Clinic
Corpus
Christi TX
Hospital Units
MICU GLA
Amb. Care 2A(DT)
Resp. Care 3A
1A 5A
1C 5B
2A(DH)
Satellite
Clinic
San
Antonio
TX

	RN	LVN	NA
Nationwide	22.1%	32.3%	24.7%
VAMC, San Antonio	16.3%	22.2%	17.9%

Primary Nursing is not only a physically demanding type of practice but is emotionally and psychologically a demanding tyrant. Is the young graduate best suited for this model of practice or who is? Following is a summary of staff age distribution as of fall, 1978.

SERVICE AREAS	NUMBER OF NURSES	AGE		
		YOUNGEST	MEDIAN	OLDEST
Nursing Administrative Staff	11	30	52	62
Nursing Education	5	28	48	52
Psychiatry	70	23	35	60
Medical	68	22	30	59
Surgical	103	22	32	62
OR/RR	16	25	34	48
Rehabilitation	9	22	41	59
Crisis Areas	73	22	30	57
Ambulatory Care	17	25	43	54
NURSING SERVICE TOTALS	371	(AVG.)24	39	57

Now how does this all fit into the overall VA pay schedule? The Department of Medicine and Surgery pay schedule provides us with the opportunity to pay the better educationally prepared individual a sizable financial difference for the entry into practice level. For example, a diploma or community college beginning practitioner comes to us at a salary of $11,712 base pay, while the beginning BSN practitioner is paid $13,700. The Nurse Professional Standards Board, as the direct representative of the Chief Medical Director in Washington, D.C., determines whether the professional nurse applicant meets the criteria for appointment (and retention) and the grade and salary of the applicant based on his/her educational and experience background. Each Chief Nurse (Director of Nursing) in the VA has the authority and responsibility to select staff based on the nursing needs of the patients

and the qualifications of the nurse applicant. We have 375 RNs on our staff at this time and their educational attainment is: 108 Diploma, 50 Associate Degree, 195 Bachelor of Science in Nursing, 21 Master's Degree, 1 Doctoral Degree.

We know primary nursing is the "way to go" and that only RNs can be primary nurses. We have not yet delineated precisely if every RN regardless of educational attainment should be a primary nurse. In our situation, we decided that until the Board of Nursing recognizes a difference in the State Board examinations, etc., we would simply go so far as to say only RNs can be primary nurses; if he/she is unable to practice effectively at that expected level, he/she would be separated from our service. Several ideas for studies/research are receiving consideration for us to be able to answer many questions that have been raised. We're really sold on primary nursing as a viable, satifying model of practice for the present and in the future. Come to see us in San Antonio so we can show you firsthand our exciting nursing care practice arena: primary nursing. We believe it's here to stay!

The information and comments in this article are those of the writer and do not constitute an endorsement by the Veterans' Administration.

ENTRY TO PRACTICE FROM THE PERSPECTIVE OF A STATE BOARD OF NURSING

Helen Pat Keefe
Executive Director
Florida State Board of Nursing
Jacksonville, Florida

Let me begin by stating the purpose for which a state board of nursing is established, since that is a major factor in determining the view that such a group takes toward the question of entry to practice. The primary purpose of a state board of nursing is to exercise the police power of the state to establish and maintain minimal safe standards for the practice of nursing. In this respect a state board differs from a professional association, since the purpose of the professional association is to enhance the profession and to encourage high standards of practice. Philosophically the issue is: What is the least we can get along with as compared to what is the best we can provide?

By its nature then a state board of nursing tends to take a conservative view, since we are dealing with "here and now" aspects of practice. I often think that the term "cultural lag" might have been invented to describe a nurse practice act since the intricacies of the legislative process are very slow and tend to reflect changes that have already taken place in society. Also, anyone who has ever been involved with the legislative process becomes very reluctant to tamper with the law because of the other vested interest groups who are always around endeavoring to control what is being put into any practice act.

For example, the nurse practice act in Florida, as revised in 1975, delegated to the Board of Nursing the authority to define and regulate advanced nursing practice and certify advanced practitioners. The law also set up a joint advisory committee to determine any "additional acts" that might be performed by this group, which were outside the province of nursing practice. The Committee includes three members of the Medical Board.

After four years we still have not resolved the problem of the physicians' wishing to have placed into the rules that advanced registered nurse practitioners must function under their "supervision." The advanced practitioners are in strong opposition to this term and much prefer the term "collaboration." Physicians eschew the term "collaboration" since, as one of them pointed out to me during one of the committee meetings, the first definition of this term in Webster's dictionary is "to give aid and comfort to

the enemy." Consequently we still have not resolved this question to everyone's satisfaction.

Although a licensure law authenticates a credentialing system it also imposes limitations because the need arises for an operational definition which must list criteria for judging when licensees have met minimal standards and when they have not. Since decisions of boards are open to challenge through the legal process, the greater the degree of specificity with which criteria can be set down the better for the board or the individual when defense of a particular position is undertaken by either one.

The end result is that new and innovative ideas are looked at in terms of whether they fit in with current legal requirements or whether they will prepare persons to successfully complete the licensing examination.

For example, currently in Florida the board establishes criteria for both practical nurse curricula and curricula for programs leading to registered nurse licensure. There is also provision in the law for writing the practical nurse licensing examination on the basis of professional education. This was originally put in the law with the idea that someone who had spent 18 months in a diploma program and for one reason or another had had to drop out would be able to write the examination for practical nurses and not be lost to nursing. Board rules require the practical nurse programs to have a minimum of 1,300 hours, approximately one-half of which is assigned to theory and one-half to clinical practice. In the state now there are 23 associate degree programs, nine baccalaureate programs and only one diploma program. The difficulty arises when we try to equate one-half of an associate degree program or one-half of a baccalaureate program with the required number of hours and the required number of subjects in the practical nurse curricula. These include medical, surgical, pediatric, and obstetrical nursing and vocational adjustments, and mental health concepts. Half way through either an associate degree program or a baccalaureate program a registered nurse student may or may not have covered all aspects of medical-surgical nursing. Unless the program is specifically set up on a "career ladder" basis it is extremely difficult to determine whether or not persons from registered nurse programs should be approved to write the practical nurse examination.

It is well, at this point, to stop and consider the licensing examination itself and how much faith can be put in it. There is great difference in the view of tests taken by educators and the public. The fact that we use the same licensing examination throughout the United States is a strength with legislators as it establishes a minimal level of competence for entry into practice. Educators, on the other hand, will say that it tests primarily cognitive skills but does not determine that a person is able to carry out safe clinical practice.

If the examination does not measure competency to practice, how does one establish safety standards? In Florida we stand on the fact that the board is responsible for approving and monitoring educational programs leading to initial licensure. The board establishes criteria in regard to curriculum

content, faculty qualifications, student-faculty ratios, and use of clinical facilities. Each program is surveyed yearly and the board has the option of approving the program or placing the program on provisional approval if there are areas of the criteria which a program has failed to meet satisfactorily.

Pressed about measurement of competency to practice, our statement in Florida is that we rely upon faculty to determine the ability of the graduate to practice safely in the clinical area since they are with the student daily and can determine whether or not she or he has gained mastery of nursing techniques and is able to use good judgment in the patient situation. The alternative, of course, is to set up a practical examination to establish competency of practice.

Another question that arises in relation to the licensing examination is "Do we need more than one licensing examination for different levels of education?" This leads into a discussion of whether we should prepare a generalist or specialist and at what point should specialization occur. Do nurses have different competencies or do they have different levels of the same competencies and how do we define the scope of practice for each level?

Currently in Florida the Commissioner of Education has set up a statewide committee to study educational needs for health care personnel, in particular the problem of articulation among the various programs. I have had occasion to work with several of the groups which have been developed to describe competencies of the practical nurse, the associate degree nurse, and the baccalaureate nurse. The problem, as I see it, is that all of these groups are working separately and there is difficulty in determining what is different about each group and understanding the differences among nursing programs.

The Commissioner's statewide committee is greatly concerned with providing a basis for articulation from one program to another without loss of either time or credit for the student. This has some strong implications for all programs but especially for our baccalaureate curricula where, in most instances, nursing courses are placed in the upper division.

There is no question that we can produce licensing examinations for different levels or different competencies once we have decided what they are.

Let me digress a moment to give you a state board's view of the practical problems of administering a licensing examination. In July this year in Florida we expect to have some 3,000 to 3,500 candidates at three different sites. Our first problem begins almost a year before an examination is due to take place at which time we have to estimate and order the number of booklets that we will need for any given examination.

Security measures require that the examinations be kept under lock and key or in the custody of no less than two persons (one a nurse) at all times.

Once the booklets arrive they must be counted in order to determine that all are secure (3,500 X 6 = 19,000 booklets). They must be divided and packaged for shipping to the three sites. They are shipped in Brink's armored truck, again to determine that the security of the examination is not breached.

At the sites two persons must be with the examinations at all times, one of whom is a registered nurse employee of the board or a board member. We must secure and brief proctors, at least one for every 35 candidates, to maintain security measures and insure that proper procedures are carried out during the examination.

All 3,500 candidates must have applications and transcripts screened to determine their eligibility to write the examination before confirmation letters can be issued. They must be assigned to sites, and at least 20 percent will wish to change sites prior to the examination.

Confirmation letters allow candidates to work in "graduate nurse status" under the supervision of a registered nurse until such time as they have received the results of the licensing examination. Consequently, everyone wants instant review of the application and transcript and instant issuance of the confirmation letter so that she or he can go to work immediately upon graduation.

Admission cards have to be set up for each person indicating the number of examinations to be taken, the times, and the site assigned. Each person sends in two pictures with the application, one of which has to be stamped with the board's seal and affixed to the admission card. Again, approximately 20 percent of the people will change names and addresses prior to the completion of the examination. The board also is responsible for assigning personnel to moniter each of the examinations.

Once the examination is over, board personnel are responsible for screening and handling some 18,000 to 20,000 pieces of paper which are the answer sheets for the five or six examinations each candidate has taken. They must be checked for completion; they must be counted; lists must be made indicating the examinations taken by each candidate -- consider the disastrous possibility if a paper is lost or a booklet is lost. Booklets must be counted again to determine that they are all there, and then packaged and returned to the testing service.

It is then necessary to wait approximately six to eight weeks for results because currently standardization is done on the total number of examinations. The mean score is determined for all 66,000 regular candidates who take the examination in July, and from that the scoring is established.

During that six to eight weeks a great number of people will move, will get married or divorced. Others will call in desperate need to know the results in order to get into next level nursing programs or to get jobs. Once

we have the results it is necessary to send the tape to the computer to get the results printed and then mail these to each of the 3,500 individual candidates. Then comes the problem of dealing with unsuccessful candidates and their employers since the persons who have not passed the examination can no longer work as nurses. They all are convinced that the machine scoring was incorrect. Many charge that there has been prejudice against them and, therefore, they have been given a failing grade. Actually, each person is known to the testing service only as a number and unless the machine has an unreasonable prejudice against a particular number, this is unlikely.

Next comes the re-scheduling of persons who have failed the examination and again the question often arises as to how many times should a person be allowed to retake the examination. We have one candidate who has taken it nine times because we have been advised that we have no statutory authority to limit the number of times that anyone takes the licensing examination.

Another factor to be considered is licensure by endorsement, a mechanism for entry to practice when a licensee moves from state to state. Here again the board must determine whether or not anyone wishing to enter the state by endorsement meets the qualifications for licensure in that state -- educational criteria, and type of previous licensing whether by examination using the state board test pool licensing examination or by waiver or state board constructed examination. Currently some states are allowing candidates to write the examination prior to their graduating from an approved program, which may pose problems when licensure by endorsement is desired. If the candidate received her education in another country, it is necessary for the board to equate this with the criteria required of state programs to determine whether or not the candidate is eligible for admission to the licensing examination.

In Florida the Foreign Citizens Licensure Act was passed in 1974 which required the board to provide an examination in their native language for any five persons who asked for it in a given language. This was aimed primarily at licensing the Cuban exiles in Miami. Pursuant to legislation, the Florida board prepared a Spanish licensing examination which the Board had to provide since they were unable to obtain the State Board Test Pool Licensing Examination for translation into Spanish. Persons who have written this licensing examination in Florida are ineligible to be endorsed into other states since the Spanish examination is not valid in any state but Florida.

Any change in the system of licensure or entry to practice poses problems. How do we deal with persons already licensed under previous laws? The quick answer to this is the use of the "grandfather clause." We have lost faith in grandfather clauses in Florida because we discovered in 1975 that grandfather clauses protect you only so long as you remain currently licensed. If for any reason you allow your license to lapse, then you are faced with meeting current standards. In 1975 when the Nurse Practice Act was revised in Florida, the qualifications for licensure as a licensed practical nurse were changed to require four years of high school education or the equivalent.

Prior to that practical nurses were able to obtain licensure in Florida if they had completed 10th grade education and graduated from an approved licensed practical nurse program. Many older practical nurses in Florida had been licensed by waiver. The problems posed by this change in the law were horrendous. For many reasons licenses lapse inadvertantly. The law provides that if the license is not renewed by the deadline date then it automatically terminates and persons must meet current criteria to be relicensed. In many instances we have had to tell licensed practical nurses that because they failed to get their renewals in by the proper date they must now go back to high school or complete the GED or in cases of licenses issued by waiver they must complete both high school and an approved nursing program before they can be relicensed in Florida.

How can we effect change so that it does not cause chaos in the educational system? We have in Florida 66 nursing programs in which a great deal of money has been invested and there is a great deal of interest in preserving them as they are. We must effect change in this educational system in an orderly fashion.

A solution may be at hand. Currently the Board of Nursing is undergoing "sunset review" by the Regulatory Reform Committee of the Florida legislature. This has been somewhat unnerving for the board and the nurses in Florida since the method by which the legislature chose to effect this review was to repeal in 1976 all the practice acts effective July 1, 1979. If they do not re-enact the practice acts, regulation of the professions goes out of existence at the end of June. The legislature has stated unequivocally that they do plan to re-enact the practice acts but changes will be made.

The whole idea of "sunset review" is sweeping the country. Several other states have gone through it and rumor has it that the federal government also is planning to enact legislation that will call for review of the various acts which set up agencies to regulate occupations at the national level. Although it is a difficult process to live through, I think we should also look upon it as an opportunity, on a regular basis, to make changes in our practice acts. In Florida, for example, the nurse practice act is scheduled to be reviewed every six years; this should give us an opportunity to consider how we can have a gradual phase-in of changes. We need to study the ANA credentialing report and to determine what credentialing should be required and how we can best implement it. Then we can use the legislative process to institute changes over a period of time so that what we want can come about without devastating effects on persons currently licensed or programs currently set up and operating.

COUNCIL ACTION ON ENTRY INTO PRACTICE

GROUP DISCUSSIONS

Following the presentation of papers, the 250 deans and directors attending the Council meeting divided into small groups, each charged to develop a position statement, with rationale, on entry into practice. It was suggested that in developing the statement, the groups address the following questions:

1. Should there be one, two, or several licensing examinations for entry into practice? Why?

2. If there should be only one licensing examination, what should be the minimum educational preparation for this examination? Why?

3. If there should be more than one licensing examination, how many should there be and what should be the minimum educational preparation for each? Why?

4. If there should be only one licensing examination, should there be flexibility in educational preparation for this exam, i.e., ADN, BSN, MSN, or doctoral degree, or should all who desire entry into practice write the exam after the required minimum preparation? Why?

Reports from the associate degree, baccalaureate, and graduate groups were consolidated into the following:

Associate Degree Groups

The majority (three groups) recommended that the entry level to registered nursing licensure should be via an approved diploma, AD, BS, or Master's program with credentialing for additional competencies in nursing as defined by state rules and regulations.

Rationale:

a. Licensing involves a basic core of knowledge necessary for practice and minimum safety standards.
b. Public understanding is enhanced by one licensure.

c. Credentialing of additional competencies allows others to define those competencies and identify method of credentialing.

In a minority report, one group reported there should be two licensing examinations.

Rationale:

a. Retain current licensure exam.
b. The second exam would retain the concepts covered by the current exam, with additional testing for additional competencies.

Baccalaureate Degree Groups

Baccalaureate degree groups stated there should be two licensing examinations: one technical (AD preparation) and one professional (Baccalaureate and above). These baccalaureate educators cited a need to re-examine the state board blueprint and possibly change it.

Graduate Degree Groups

Ideally, the graduate degree groups stated, entry into practice should be at the graduate level; professional education should be built on a strong undergraduate base. However, their recommendation was for two examinations, one for baccalaureate graduates and one for associate degree graduates. As rationale, they stated that baccalaureate graduates are prepared to conceptualize while the technical nurse is more content-oriented.

PLANS

At the closing session of the Council meeting, the groups' reports on entry into practice were presented to the Council. A panel -- Patricia Haase, Pat Keefe, and Marjorie Ramphal -- reacted to the reports and Chairman Sylvia Hart led the Council in a discussion, after which she asked the Council to consider a proposal from the Executive Committee.

The Executive Committee proposed to appoint a Council-based group who would, using the deliberations from this meeting and the data that exist within the Council as a result of the Curriculum project, draft a position statement that would deal with some of the theoretical and philosophical as well as legislative and political issues surrounding entry into practice. It was hoped that by the end of summer, the draft would be developed, and mailed to Council members for reaction and suggestions. An attempt would be made to incorporate the Council's comments into another draft, which would be

made available to the membership at the fall 1979 Council meeting. If adopted, the position statement would be circulated widely -- to the various Councils of NLN, to ANA, and to state boards of nursing -- and given as much publicity as possible.

In the discussion that followed, members' comments were strongly favorable to the Chairman's proposal. A few suggestions were made, mainly, to get input from other groups, such as LPNs, diploma nurses, and nursing services. The Council voted unanimously in favor of the plan.

COUNCIL MEETINGS

Fall 1976 to Fall 1978

COUNCIL MEETING PROGRAMS

Fall 1976
October 26-28

Program Differentiation: Competency-Based Education

SPEAKERS

Accountability and the New Realities, Dr. Robert R. Ramsey, Jr., Secretary of Education, Commonwealth of Virginia, Richmond, Virginia.

Learning for a Purpose, Dr. Patricia T. Haase, Special Consultant, Nursing Curriculum Project, Southern Regional Education Board, Atlanta, Georgia.

The Process of Defining Competencies, PANEL--Dr. Eloise R. Lewis, moderator, Dean, School of Nursing, University of North Carolina at Greensboro; Ms. Monteen Maczali, Assistant Professor of Nursing, Houston Baptist University, Houston, Texas; Ms. Nita Davidson, coordinator, Medical-Surgical Graduate Program, University of Alabama, Birmingham; Ms. Denise Hahn, Dean of Nursing Education, Miami-Dade Community College, Miami, Florida.

Research and Teaching, Ms. Joyce Semradek, Director, Regional Research Project, University of North Carolina at Chapel Hill; Ms. Judith Hall, Assistant Professor of Nursing, Mississippi University for Women, Columbus, Mississippi; Ms. Billie Rozell, Assistant Professor of Nursing, University of Alabama, Birmingham.

Spring 1977
March 30 - April 1

Legal Accountability and Competency-Based Education

SPEAKERS

Policy Implications of Increased Legal Regulations of the Academic Community, Attorney Richard H. Robinson, Assistant to the President, The University of North Carolina General Administration, Chapel Hill.

Legislation and the Handicapped, Ms. Martha Carrick for Dr. Stephen D. Cornett, Office of Rehabilitation Services, Office of Human Development, DHEW-Region IV, Atlanta, Georgia.

Legal Rights and Responsibilities as Related to: Admissions and Re-Admissions, Dr. Elizabeth K. Petrie, Dean, Division of Nursing, University of Tennessee, Nashville, Tennessee; *Continuance and Graduation Practices,* Ms. Arlene Ritz, Associate Professor, Department of Nursing, Queensborough Community College, Bayside, New York; *Licensure and Placement of Graduates,* Dr. Judith Wakim, Director, Department of Nursing, University of Tennessee at Martin; Moderator, Dr. Hattie Bessent, Associate Dean, Graduate Affairs, Vanderbilt University, Nashville, Tennessee.

From Both Sides, Dr. Betty R. Rudnick, Assistant Dean, College of Nursing, University of Kentucky

Professionalism and the Rights to Privacy, Dr. J. Everette DeVaughn, Professor, Educational Administrative Department, Georgia State University, Atlanta, Georgia.

A Dean's Perspective, Dr. Sylvia E. Hart, Dean, School of Nursing, University of Tennessee at Knoxville.

Implications of Nursing Research Project: A Preview, Dr. Gloria Frances, Associate Professor in Nursing Research, Virginia Commonwealth University, Richmond,Virginia.

Meeting New Challenges in Health Care, Ms. Barbara J. Lee, Program Director, The W.K. Kellogg Foundation at Battle Creek, Michigan.

OPEN FORUMS

Student Rights vs. Institutional Rights and Responsibilities

Legal Considerations in Competency-Based Education

Women/Minorities/Handicapped

Accreditation in Continuing Education

Confidentiality/Rights to Privacy

Fall 1977
October 26-28

Evaluating Clinical Performance

SPEAKERS

Clinical Evaluation/State of the Art, Dr. Patty L. Hawken, Dean and Professor, School of Nursing, University of Texas at San Antonio.

Strategies for Clinical Performance Evaluation, PANEL--*The Laboratory: A Theoretical Plan for its Use,* Dr. Emilie D. Henning, Dean, School of Nursing, Florida State University, Tallahassee; *Techniques for Accurate and Meaningful Evaluation of Clinical Nursing Performance,* Ms. Ruth Webb, Nursing Program Director, Valencia Community College, Orlando, Florida; Moderator, Ms. Georgeen H. DeChow, Chairman, Nursing Department, Manatee Junior College, Bradenton, Florida.

Research on Clinical Performance Evaluation, Dr. Mabel A. Wandelt, Director, Center for Health Care Research and Evaluation, The University of Texas at Austin.

Transition to Clinical Evaluation, Dr. Carrie B. Lenburg, Coordinator, Regents Nursing Program, Regents External Degree, The University of the State of New York, Albany.

Measurement for Evaluation, Wandelt and Hawken.

A Tool for Discriminating Measurements, Wandelt and Hawken.

Spring 1978
March 29-31

Faculty Evaluation

SPEAKERS

Faculty Evaluation in Higher Education, Dr. Anthony F. Grasha, Director, Faculty Resource Center, Associate Professor, Psychology, University of Cincinnati, Cincinnati, Ohio.

Faculty Evaluation in Nursing, Dr. Marion E. McKenna, Dean, Department of Nursing, University of Kentucky, Lexington.

Developing a Faculty Evaluation Program, Dr. Glendola Nash, Dean, Department of Nursing, Houston Baptist University, Houston, Texas; Dr. Jeanne Starke, Faculty and Curriculum Development Specialist, Miami-Dade Community College, Miami, Florida.

Faculty Evaluation for Faculty Development, Mr. Gary D. Verrett, Division Chairperson, Developmental Studies, El Centro Community College, Dallas, Texas.

Administrative Use of Faculty Evaluation, Dr. Cameron Fincher, Director, Institute of Higher Education, University of Georgia, Athens, Georgia.

Faculty Evaluation in Perspective, Dr. Marion I. Murphy, Dean, School of Nursing, University of Maryland, Baltimore.

Participation in Regional Research/The Process, Dr. Eileen Callahan, Chairman, Nursing Department, Mississippi Gulf Coast Junior College, Gulfport, Mississippi; Dr. Norma Long, Acting Dean, College of Nursing, University of Tennessee at Memphis; Dr. Elnora D. Daniel, Coordinator, Master's Program, Hampton Institute, Hampton, Virginia; Dr. Loretta Garland, Associate Professor, Nell H. Woodruff School of Nursing, Emory University, Atlanta, Georgia.

Fall 1978
November 1-3

ACCREDITATION -- Myths and Realities

SPEAKERS

Accreditation and Credentialing, Dr. William K. Selden, Educational Consultant, member, Study Committee, Study of Credentialing in Nursing, American Nurses' Association, Princeton, New Jersey. *Responders to Speaker,* Dr. Ruth V. Moran, Dean, School of Nursing, University of South Carolina at Spartanburg; Ms. Helen C. Belcher, Nursing Programs Director, New England Board of Higher Education, Wellesley, Massachusetts.

Issues in Accreditation, (Baccalaureate and Higher Degree), Dr. Helen Yura, Assistant Director, Division of Baccalaureate and Higher Degree Programs, National League for Nursing, New York; *(Associate Degree)* Dr. Gerald J. Griffin, Director, Division of Associate Degree Programs, National League for Nursing, New York.

Issues in Accreditation, Panel response to questions. Dr. Rose Marie Chioni, Dean, School of Nursing, University of Virginia, Charlottesville, Virginia; Ms. Norma T. Ferguson, Director of Nursing, Northwest Alabama State Junior College, Phil Campbell, Alabama; Dr. Virginia R. Jarratt, Dean, Harris College of Nursing, Texas Christian University, Fort Worth, Texas; Ms. Almeda B. Martin, Chairman, Nursing Program, St. Petersburg Junior College, St. Petersburg, Florida.

Nurse Visitor's Role in Southern Association of Colleges and Schools Accreditation Process, Dr. Grover J. Andrews, Associate Executive Secretary, Commission on Colleges, Southern Association of Colleges and Schools, Atlanta, Georgia.

ANA Accreditation of Continuing Education, Dr. Hazle Blakeney, Professor, College of Nursing, University of Maryland, Baltimore; Dr. Roberta S. Abruzzese, Associate Professor and Director of Continuing Education, School of Nursing, Adelphi University, Garden City, Long Island, New York.

REPORT OF GROUP DISCUSSIONS

Eloise R. Lewis
Dean, School of Nursing
University of North Carolina
at Greensboro

Deans and directors attending the fall 1976 Council meeting divided into small groups to discuss these questions: "What are the general competencies any RN should have; what competencies are expected of graduates of associate degree, baccalaureate, master's and doctoral programs, and how does competency-based education differ from what the schools are presently doing?

Reports of the group discussions are summarized as follows:

1. The time has come when competencies must be identified for each level.

2. In the process of developing competencies, it is well to have input from the employing agencies. We are moving from the more personal accountability which we have always had to accountability to the consumer. Employing agencies need to be familiar with the products of the educational programs.

3. People in the region should study very carefully the materials from the SREB Nursing Curriculum project.

   Recommendations:

   a. That the SREB Council on Collegiate Education for Nursing undertake a mail survey of all schools to determine if their school (or the state) has developed competencies of their graduates.

   b. That schools in the SREB states be encouraged to use the SREB taxonomy of competencies as a standard reference (a plea not to reinvent the wheel or to go off in every direction).

   c. That a future program be centered around the Florida and South Carolina developments (and others if they have been developed).

4. Several groups suggest that baccalaureate groups work on competencies for the baccalaureate product. It is recognized that defining compentencies for baccalaureate graduates may be more difficult due to the diversity of practice settings.

5. There seems to be agreement among those who have competency-type learning situations that faculty/student communication is enhanced and both assume more accountability in the teaching/learning process.

6. Determining levels of competencies does not necessarily include contracting for grades, but clearly written behavioral objectives are essential to identification of competencies.

7. Almost every group spoke to the time factors, economic feasibility, and the constraints and administrative problem operating in each institution.

8. The need for clarification of terms, such as "mastery," "self-paced learning," and "competency-based learning," is apparent.

9. Difficulties encountered in developing competencies are related to: (a) increased number of students, (b) open-door admission policies, (c) auto-tutorial instruction, and (d) lack of clinical facilities.

Questions or concerns identified:

1. Should there be "3 levels"?

2. Who should be involved in determining levels of competency?

3. Do we need more careful differentiation between the terms "proficiency" and "competency"?

4. Is it realistic to hope that nursing service expectations will show a differentiation in the practice setting?

5. Does the approach to identification of competencies need to be the same for each program?

6. How do we educate the consumer regarding the competencies of each program product?

7. Would employers of nurses agree with nurse educators about competencies?

8. Do we educate nurses as a marketable product for today?

9. Does competency-based education limit creativity?

10. Should competencies expected of the AD nurse be included in the competencies of the baccalaureate nurse?

COUNCIL BUSINESS

This report summarizes activities of the Council on Collegiate Education for Nursing, fall 1976 through spring 1979. Detailed reports and minutes of meetings that were distributed to the Council during this period are available to members on request.

EXECUTIVE COMMITTEE

The Executive Committee met for half-day sessions twice each year prior to the Council meeting, and held one one-day meeting between each Council meeting. These meetings included planning programs for the Council meetings, approving budgets, appointing committees as needed, and, in general, conducting the business of the Council. A list of persons who served on the Executive Committee, and other elected and appointed committees, is on page 85.

MEMBERSHIP

As shown in the chart below, Council membership has increased each year since the Council was restructured in 1975.

	Number of Members		
Year	Nurse Administrative Heads	Program Directors	Total
1975-1976	194	75	269
1976-1977	206	94	300
1977-1978	221	96	317
1978-1979	227	109	336

The Membership Committee, appointed in 1976, was regularly available at Council meetings to discuss with individual schools any problems the schools might have in paying membership dues. The committee rarely met following

the initial meeting in October 1976, because no new problems arose concerning membership. However, the committee met March 29, 1979, to review applications from a few schools where there were questions about the eligibility of those schools' representatives to assure that those representatives were nurse administrative heads and program directors as specified in the Council bylaws.

In spring 1979, the Council's Executive Committee anticipated that cutbacks in federal funding might have an adverse effect on membership. Therefore, a questionnaire was distributed to Council members, asking the question: "In your opinion, will your institution be able to be a member and participate in the Council on Collegiate Education for Nursing if federal funding for nursing education is lacking in the future?" Of the 143 members who responded, approximately half (73) said "yes," 19 said "no," and 51 said they "didn't know."

FINANCES

The Council ended each fiscal year with some money to carry over to the succeeding year.

The procedure established in 1975, the Council's first dues-paying year, has been continued. Membership dues forms are mailed to the Council members in November, with a request that dues be, at least, pledged by January 31. It is required that dues be paid before July 1, the beginning of the Council's fiscal year.

In 1977, when the Executive Committee adopted the budget for the coming year, it was noted that in future years the Council would need increased income to meet rising costs, and that a planned increase is preferable to a crisis increase. Therefore, at the fall 1977 meeting the Committee proposed to the Council a dues increase. The Council voted a 15 percent dues increase effective 1978-79. In future years, whenever it is necessary to request a dues increase, a request with rationale should be submitted to the Council one year in advance and be mailed to the Council prior to the business meeting.

The Executive Committee, also recommended in fall 1977, an increase in budget requests for current and future projects to cover the percent of time the Executive Director spends on each project; that has been done. The budget for each year is approved by the Council's Executive Committee and reported to the Council.

PUBLICATIONS

Proceedings of the Council's 24th and 25th meetings (fall 1975 and spring 1976) were published in fall 1976 in one document, entitled

"Non-Traditional Developments in Nursing Education." Five hundred copies were produced and made available for sale at $3 per copy; the income from sales covered costs of the publication.

Publication of proceedings of subsequent meetings (fall 1976, spring and fall 1977 and 1978) was unavoidably delayed. By summer 1979, when the papers were ready for publication, costs of paper and printing had increased markedly and publication of the proceedings was not considered financially feasible. Although the papers will not be published, copies will be kept in the Council files and will be available for perusal on request.

In an effort to make proceedings readily available to Council members, the possibility of videotaping the meetings has been explored. Again, the production cost has made this method impractical.

CONTINUING EDUCATION

The Continuing Education Committee was appointed as an ad hoc committee in 1976, and reappointed in 1977 at which time it was changed from ad hoc to a standing committee. Through the ongoing efforts of the CE Committee, several activities have been conducted to help meet the needs of CE directors and to help provide regional continuing education for others. The CE Committee determined in 1978 that separate meetings of CE directors will not be held during Council meetings unless there is a topic of particular significance to that group. Instead, the committee advised on a proposal for a project for CE directors, and planned several regional conferences, co-sponsored with institutions in the region.

A regional conference for faculty teaching in RN/baccalaureate programs, co-sponsored by the University of Maryland and the Council, was held October 26-28, 1978. Thirty-six faculty members from schools in the South attended this conference.

The University of Kentucky College of Nursing and the Council co-sponsored conferences for CE directors in 1977 and 1979. Forty CE directors from Council institutions attended the conference on "Perspectives on Continuing Education," held September 21-23, 1977 in Lexington. A conference on marketing and cost effectiveness in continuing education, scheduled for April 1979, was postponed because a sufficient number of directors had not pre-registered. The conference was rescheduled and opened to CE directors outside the South. Held August 8-10, 1979 in Lexington, the conference had thirty in attendance, which was the maximum number that could be accommodated in view of the workshop's goals.

A regional conference for nurses who have at least master's preparation in psychiatric/mental health nursing, is to be held in 1979, co-sponsored by the University of Southern Mississippi and the Council.

ANNUAL STATISTICAL SURVEY

The annual survey of faculty employment patterns, and enrollment and graduation patterns in master's and doctoral programs, was conducted each fall and copies of the reports were distributed to the Council.

SALARY STUDY

A faculty salary study was conducted for the Council in spring 1977 by Marie L. O'Koren, Council chairman. This was the second annual salary study Dr. O'Koren conducted for the Council. A report of the findings was given to each member of the Council.

CONTINUING EDUCATION UNITS

The possibility of awarding continuing education units (CEU) or contact hours to persons attending Council meetings was explored by the Executive Committee in 1976. At Council meetings, in fall 1976 and spring 1977, the chairman invited members to discuss the matter; the members did not express a need to receive such documentation. The Executive Committee decided to reconsider the question if indicated in the future; to date because of expense and in view of a seeming lack of interest on behalf of the Council, no certificates, contact hours, or CEU have been awarded for attending Council meetings.

BYLAWS

Bylaws adopted at the spring 1976 Council meeting were printed and mailed to each member of the Council in summer 1976. By 1979, it was apparent that the bylaws needed to be studied and changes recommended. Accordingly, the Executive Committee appointed a bylaws committee to formulate amendments to be presented to the Council for vote at the fall 1979 meeting.

COUNCIL MEETINGS

The Council met spring and fall of each year. Each meeting addressed a topic of current concern to collegiate nursing education. A list of the topics and speakers is on page 51.

The question of holding Council meetings once instead of twice per year was explored at the spring 1977 meeting. However, as members stated, there are many changes in nursing, and in federal guidelines and directives. It was agreed that there is a need for Council members to communicate and the practice of meeting twice per year should be continued for a while.

Average attendance at the Council meetings is 225, which is remarkably high considering the total size of the Council. Most of the persons who attend are the deans and directors who have been named as their institutions' representatives to the Council. Others are directors of new programs, representatives of ANA, NLN, and federal nursing services. A few faculty attend, upon request of their institution's representative and depending on availability of space.

The Council meetings serve several purposes in addition to providing opportunity for deans and directors to gain information and exchange views on a topic of current concern. The meetings serve as one mechanism for implementing regional projects; reports on current projects are presented at each meeting and Council members discuss the project with project staff. Regional needs in nursing are identified in the Council's discussions and ideas for projects or other means of addressing these needs are explored.

PRIORITIES AND CONCERNS

Many regional needs have been identified by the Council, its committees, and staff.

At the spring 1977 meeting, members indicated interest in a Council directory that would provide information about programs being offered: master's and doctoral summer programs, graduate education, post RN programs and expanded role practitioner programs.

At the same time, the Council indicated interest in a program to increase skills in grant writing and grantsmanship. This request stemmed from the schools' needs to prepare increasing numbers of project proposals that are likely to be funded during the current period in which federal funds are in question, private funds are difficult to obtain, and there is more competition for funding.

At the spring 1978 Council meeting, members were asked to identify the most important need in nursing education in the South and to suggest regional action to meet that need. The 58 persons who responded ranked statewide planning as the greatest need; continuing education was a close second, followed by graduate education, and nurse manpower planning. Several additional needs concerned RN/BS programs, test construction and evaluation, clinical teaching strategies and others. The responses were used in preparing the continuing education proposal and will be further studied by staff and the Executive Committee in relation to future planning.

At the same meeting, favorable response was indicated to a suggestion that there be a conference or other regional activities for faculty in AD programs.

At the fall 1978 Council meeting, the Council expressed the need for a project to improve faculties' abilities in test construction and evaluation of student performance.

The Council's Executive Committee and Nursing Research Project Advisory Committee agreed, in 1979, that there is a need for ongoing regional activities to promote research after the current project ends in 1980. The possibility of developing a follow-up proposal for submission to DHEW will be explored.

It has not been possible thus far to act on all of the needs that have been identified, but some proposals have been developed and submitted to potential funding sources.

PROPOSALS

A proposal, entitled "Regional Action For Continuing Education in Nursing," was submitted to the Division of Nursing, DHEW, in October, 1978. The project's aims are: (1) to provide a development program for CE directors in collegiate schools of nursing, (2) to facilitate statewide and inter-institutional planning for CE in nursing, and (3) to explore possibilities for offering CE in highly specialized areas on a regional or subregional basis. This proposal has been approved by the Division of Nursing and awaits funding.

A proposal for a two-year extension of the project, "Faculty Development in Nursing Education," was submitted March 1, 1979, to the Division of Nursing, DHEW. At the time of writing this report, word has not been received on funding for this extension.

PROJECTS

From fall 1976 through spring 1979, two regional projects ended and three began.

Analysis and Planning for Nursing

This one-year subcontract with the Western Interstate Commission on Higher Education (WICHE), entitled "Analysis and Planning for Improved Distribution of Nursing Personnel and Services," terminated in September 1976.

Regional Research Project #1

This three-year project whose aims were increasing the clinical research competence of faculty in schools with graduate programs, generating research which has a potential for improving patient care, and identifying factors which help or hinder the conduct of such research within the realistic constraints of a faculty workload, ended in 1977.

The following summaries are edited excerpts from project reports prepared by staff and presented at Council meetings.

Nursing Curriculum Project

Staff: Patricia T. Haase and Mary Howard Smith

Council members were informed at the fall 1976 meeting of a plan for regional demonstration of the 1972-76 Nursing Curriculum Project recommendation. The regional demonstrations would consist of (a) specific demonstration projects, some in individual institutions and some cooperatively undertaken on an interinstitutional basis, and (b) a regional coordinating effort to be located at SREB. This plan involving nine projects and 20 institutions was to be submitted to the Kellogg Foundation for funding consideration.

At the spring 1977 Council meeting, members were informed that SREB's demonstration project had been given a grant by the W. K. Kellogg Foundation of Battle Creek, Michigan. A total allocation of $2.5 million had been set aside for funding a central office at SREB for a four-year period and demonstration projects of varied amounts at regional colleges and universities.

The fall 1977 report contained specific information about the demonstration projects:

> Near the completion of the "original" (1972-76) Nursing Curriculum Project (NCP) a series of ad hoc advisory committees suggested clusters of needs at each level of educational programs and proposed strategies for solving these common dilemmas. From the deliberations of these small groups the staff of SREB developed a "blueprint" of possible projects to demonstrate the NCP recommendations published in Volumes 4 and 5 of our Pathways to Practice series.
>
> These clusters of projects are centered around the following themes: (1) locating statewide master planning for nursing education in an agency of state government; (2) reaching a regional consensus on content for graduate programs; (3) expanding opportunities to earn baccalaureate credentials based on curricula following the recommendations of the project; (4) developing clinical electives for baccalaureate students; (5) examining clinical teaching strategies in the associate degree program; and (6) offering regionally planned faculty programs in primary health care.
>
> Institutions working together with SREB staff have developed or are developing proposals in these areas. The Kellogg Foundation has funded the following institutions to proceed:

--The Kentucky Council on Higher Education has been funded to develop a statewide system of nursing education based on Kentucky's needs for different kinds and levels of nurses.

--The University of Alabama-Birmingham has been awarded a grant to explore the commonalities in research and in clinical content that should be included in graduate programs.

--The University of Tennessee-Knoxville has been funded to develop a master's program in nursing for students holding baccalaureate degrees in other disciplines. Initially, the faculty plans to admit RN students with degrees in other fields, but will eventually expand the program to include students holding a baccalaureate degree without the nursing base.

--The University of Maryland has been granted monies to continue an outreach program for place-bound nurses wishing to earn a BSN degree. Outreach sites are currently located in Salisbury and Cumberland. The program is portable in the sense that when the need for it is exhausted in one location it can be moved to another.

--Manatee Junior College, St. Petersburg Junior College-St. Petersburg, St. Petersburg Junior College-Clearwater, and Santa Fe Community College have been funded as a cluster of projects to examine improved strategies for clinical teaching. Each campus is exploring a different methodology such as: peer tutoring, preceptors in the clinical agency, clinical electives, and behavior modification to improve the care of the aging client.

Other project clusters are in the making to complete the array of demonstration sites comprising the "blueprint."

Spring 1978 progress report:

Ongoing Projects

Demonstration projects approved and funded by the Kellogg Foundation in the late summer of 1977 are well under way.

Two liaison committees have been appointed; one for the two graduate projects and the other for the four associate degree projects.

Prospective Projects

Proposals for additional demonstrations have been submitted to Kellogg, and notification of the Foundation's action is expected at any time. These proposals include the following projects:

Baccalaureate Education:
- BSN program for registered nurses building on prior experience
- Clinical elective in nursing care of children
- Clinical elective in primary care
- Demonstration of recruitment, admission, and retention of registered nurses in BSN program
- Facilitation of admission and progression of registered nurse students in BSN program (2 institutions)
- Flexible BSN program for registered nurses employed at a medical center
- New materials and faculty development for BSN outreach program

Continuing Education:
- Continuing education for the development of nurse leaders
- Faculty development in primary care (4 institutions)

A remaining proposal, still under development, will have to do with differential utilization of ADN and BSN graduates. This will complete the "blueprint" of demonstration projects and, assuming that all proposals are funded, account for the total amount the Kellogg Foundation had earmarked for this purpose.

The Regional Project

For the over-all Nursing Curriculum Project, an Advisory Committee has been appointed and convened. The principal function of this committee is to advise the staff of trends and developments in health care as they have implications for nursing education.

The fall 1978 report:

New Projects

In May and June, 1978, the Kellogg Foundation funded demonstration projects in 12 additional institutions.

Faculty Development in Primary Care: Emory University, Mississippi University for Women, Texas Woman's University, Virginia Commonwealth University.

Projects Introducing Innovations into the Baccalaureate Curriculum: Dillard University, George Mason University, Hampton Institute, Medical University of South Carolina,

Northwest State University of Louisiana, Prairie View A&M University, University of North Carolina at Greensboro.

Baccalaureate Outreach Program: University of South Florida.

A proposal is in process for a post-master's internship in primary care and community health planning. One or two additional demonstration project proposals will be formulated and submitted early in 1979, and the roster of demonstrations will then be complete.

Demonstration Project Activities

1. The Faculty Development/Primary Care projects began this summer with sessions focused on primary care concepts and skills. Feedback from participants has been usually good. Three of the sites will offer this content again to a new group during or immediately following this academic year. All sites will offer the curriculum development phase in the summer of 1979.

2. Representatives of baccalaureate projects seeking non-traditional ways of instructing RN students attended a special workshop offered for them by the New York External Degree Program and focused on the evaluation of clinical learning.

3. The University of Maryland's Outreach Program graduated its first class this year.

4. At the request of the Liaison Committee for the graduate projects, questionnaires have been sent to faculty members of graduate nursing programs in the South to ascertain the regional views on some issues in graduate education in nursing.

5. In Kentucky the project to develop a statewide system of nursing education is working via the task force method on both degree programs and continuing education.

6. The four projects to increase the clinical competence of associate degree graduates are working on plans for a series of workshops in 1979 at which other programs in the region will have an opportunity to review the methods, experiences, and outcomes of each.

Evaluation Panel

The Evaluation Panel for the regional project met in April, 1978. Panel members will review reports and will make site visits to projects, chiefly during 1979.

Spring 1979 report:

Since its report to the Council last fall the Nursing Curriculum Project staff has devoted efforts to developing final project proposals and working with the 20 ongoing demonstration projects. Several important meetings have been held:

1. The "non-traditional baccalaureate" projects came together to share progress and discuss common problems (Northwestern State University of Louisiana, Prairie View A&M University, University of North Carolina-Greensboro, Medical University of South Carolina).

2. The Faculty Development in Primary Care centers (Emory University, Mississippi University for Women, Texas Woman's University, and Virginia Commonwealth University) held a joint meeting to share consultation from Drs. Claire Fagin, Sylvia Fields, Loretta Ford, and Ms. Virginia Phillips. A videotape made of part of the discussion of this panel of experts will be made available to interested institutions later this spring.

3. The Liaison Committee for the Graduate Projects (University of Alabama-Birmingham, University of Tennessee-Knoxville) met in December to review results of a questionnaire survey of graduate nursing faculty opinions on issues in graduate education.

4. The NCP Advisory Committee met in December to discuss recommendations for the use of the small balance remaining in the Kellogg Foundation's allocation for demonstrations. Staff is currently negotiating two or three short-term projects that will absorb these funds.

In the fall and winter months NCP staff visited the University of South Florida, Santa Fe Community College, St. Petersburg Junior College (St. Petersburg and Clearwater campuses), Manatee Junior College, and the Kentucky Council on Higher Education.

Work has begun on project publications.

Advisory Committee Members:

Hollis Boren, University of South Florida, Tampa; Joe B. Ezell, Georgia State University, Atlanta; Margaret Harty, Texas Woman's University, Denton; Jerome P. Lysaught, University of Rochester, New York; Katherine Nuckolls, University of North Carolina, Chapel Hill.

Evaluation Panel:

Hazle Blakeney, University of Maryland, Baltimore; Robert L. Bradley, Marshall University, Huntington, West Virginia; Rose Marie Chioni, University of Virginia, Charlottesville; John Harris, Middle Tennessee State University, Murfreesboro; Virginia Jarrett, Texas Christian University, Fort Worth; Marie Piekarski, University of Kentucky Community College System, Lexington.

Liaison Committee in Graduate Education Members:

Pauline H. Barton, University of Florida, Gainesville; Frances C. Dalme, University of Arkansas for Medical Sciences, Little Rock; Elnora D. Daniel, Hampton Institute, Virginia; Nita Davidson, University of Alabama, Birmingham; Ellie Evans, University of Mississippi, Jackson; Mildred Fenske, University of Tennessee, Knoxville; William Field, University of Texas, Austin; Kathy Goldblatt, University of Alabama, Birmingham; Patricia T. Haase, Southern Regional Education Board, Atlanta, Georgia; Sylvia Hart, University of Tennessee, Knoxville; Faith J. Hohloch, Emory University, Atlanta, Georgia; Lorita Jenab, West Virginia University, Morgantown; Jean Mallan, University of Tennessee, Knoxville; Patricia Moxley, Northwestern State University, Shreveport, Louisiana; Mary Howard Smith, Southern Regional Education Board, Atlanta, Georgia; Myrtis Snowden, Louisiana State University Medical Center, New Orleans.

Outreach Nursing Program Liaison Committee Members:

Marcia Curtis, Medical University of South Carolina, Charleston; Sylvia Fields, Emory University, Atlanta, Georgia; Jean Kelley, University of Alabama, Birmingham; Sally L. Lusk, University of Michigan, Ann Arbor; Gwendoline MacDonald, University of South Florida, Tampa; Katherine Nuckolls, University of North Carolina, Chapel Hill; Sandra Simmons, Michigan State University, East Lansing; Helen R. Kohler, University of Maryland, Baltimore.

Associate Degree Projects Liaison Committee Members:

Margaret Armstrong, Meridian Junior College, Mississippi; Evelyn C. Bacon, J. Sargeant Reynolds Community College, Richmond, Virginia; Carol E. Bradshaw, Santa Fe Community College, Gainesville, Florida; Barbara A. Canning, Santa Fe Community College, Gainesville, Florida; Elizabeth A. Clarke, Eye Institute Medical University Hospital, Charleston, South Carolina; Georgeen H. DeChow, Manatee Junior College, Bradenton, Florida; Jeanne M. DeVos, Marshall University, Huntington, West Virginia; Dorothy Dixon, University of North Carolina, Wilmington; Jan Emmert, Manatee Junior College, Bradenton, Florida; Bernadene Hallinan, Howard Community College, Columbia, Maryland; Anastasia M. Hartley, St. Petersburg Junior College, Clearwater, Florida; Mable E. Lamb; Jefferson State Junior College, Birmingham, Alabama; Mary D. Lucas, Elizabethtown Community College, Elizabethtown, Kentucky; Almeda B. Martin, St. Petersburg Junior College, Florida; Katherine Pope, Crawford W. Long Memorial Hospital, Atlanta, Georgia; Nancy Rue, St. Petersburg Junior College, Clearwater, Florida; Nancy M. Strand, Veterans Administration Hospital, Little Rock, Arkansas; Betty Wadjowicz, St. Petersburg Junior College, Clearwater, Florida; Judith H. Wakim, University of Tennessee at Martin.

Faculty Development in Nursing Education

Staff: Eula Aiken

In March 1977, Audrey Spector reported to the Council:

On February 28, 1977 the Southern Regional Education Board received a Notice of Grant Award from the Division of Nursing, DHEW, stating the Faculty Development in Nursing Education project had been funded.

The goal of this three-year project is to assist faculty, particularly in nursing, to cope more effectively with the needs of students of diverse backgrounds. The project will help to capitalize on what has been learned from relevant activities in the 14 states comprising the Southern Regional Education Board and to facilitate a sharing of information about other effective strategies to increase opportunities for students of diverse backgrounds to achieve academic success.

Specific objectives are:

1. To provide opportunities for faculty, particularly in nursing, to improve their abilities to:
   a) identify learning problems,
   b) study alternative learning strategies,
   c) present instruction appropriate to the learning styles of students, and
   d) recognize, respect, and adapt to cultural differences.

2. To assess the efficiency and effectiveness of the varied activities initiated.

3. To disseminate information about effective strategies developed in the project.

Project staff, assisted by a project advisory committee, will select 20 college-sponsored nursing programs in the 14-state SREB region to participate in this regional program. Campus work sessions and regional meetings will be used extensively in implementing the project. Specific issues and concerns of faculty and students will be addressed in these sessions. In addition to the facilitation of discussions and sharing of experiences among the various participating programs, information regarding effective techniques and/or possible alternative options for maximizing teaching and learning experiences will be widely disseminated.

During the next months an advisory committee, to be appointed shortly, will assist the project staff in the selection of the 20

college-sponsored nursing programs. Participating institutions will be expected to appoint a member of the nursing faculty to serve as leader of an appointed task force and to coordinate the campus activities, e.g., identify specific areas of concern, determine the focus for campus work sessions, and coordinate these activities within the local setting.

Council members were invited to indicate, before April 30, 1977, an interest in having their school become a project site or in participating in some of the regional meetings.

Fall, 1977, Eula Aiken, employed as project coordinator, reported:

During the past eight months the following activities were conducted:

Appointment of Advisory Committee and Evaluation Team. Five persons with expertise in education, research, administration, and minority group issues were selected to assist the project staff in planning and implementing activities.

Selection of 20 project sites. Forty-seven applications were received from nursing programs in the SREB region. Twenty of these programs were selected by the project staff and advisory committee to serve as project sites. The selected programs collectively represent 11 SREB states, three private and 17 public institutions, 11 associate degree and nine baccalaureate programs, (including two with graduate degree programs). Three of the selected programs are located in traditionally black institutions and three participated in Project IODINE (a three-year project conducted by SREB aimed to increase opportunities for the "disadvantaged" student).

Appointment of Task Groups and Task Group Leaders. Each nursing program established a task force to assist the designated task group leader in identifying specific areas of concern at the particular site. Members of these groups, particularly the task group leader, have met with nursing faculty to determine specific goals to be achieved during the three-year period.

Publication of First Quarterly Newsletter. The first newsletter, PROJECT REPORT, was published in August. A description of the project and listing of the 20 project sites was included.

First Regional Conference. More than 100 persons attended this conference held in Atlanta, Georgia on October 16-18. Among the conference participants were representatives from nursing programs other than project sites. Using as a theme "Enhancing Teacher Effectiveness," consultants and participants addressed issues related to common myths and misconceptions about teaching, mutual obstacles encountered with students from diverse backgrounds, and strategies and methodologies that can enhance teaching and learning.

Site Visits. The project coordinator has visited 10 of the 20 project sites. The purposes of these visits has been to clarify over-all project goals and to become familiar with the particular site and its plans. These visits have been stimulating and have reflected the interest and concern faculty have about teaching and learning.

The remaining four months of the budget period will be used to implement campus workshops and to provide consultation to the 20 programs. Two newsletters will be published to disseminate information about the project activity.

March 1978 report:

The FDN project sites are: Daytona Beach Community College, Georgia College, Kentucky State University, Lincoln Memorial University, J. Sargeant Reynolds Community College, Santa Fe Community College, Southern Arkansas University, Texarkana College, Tidewater Community College, Valencia Community College, North Carolina A&T State University, North Carolina Central University, University of Alabama in Birmingham, University of Maryland at Baltimore, University of St. Thomas, University of Tennessee at Nashville, Texas Christian University, Valdosta State College.

Campus workshops. Twenty-two workshops have been held at the project sites. Issues addressed in these workshops were related to the overall goals of the FDN project. Workshop objectives have been categorized into the following broad areas: increasing cultural awareness and sensitivity, identifying specific learning and teaching styles in the various settings, diagnosing learning problems and determining appropriate teaching strategies. Faculty evaluations of the workshops have been positive. Follow-up activities have been planned at the sites.

Site visits. The program coordinator has visited eight FDN sites. Members of the task force and nursing faculty met at each site to discuss proposed activities and project goals.

Evaluation team visits. The evaluators have visited all assigned project sites. Reports indicate activities are progressing well at the sites. The quality and quantity of work at many of the sites were impressive.

Dissemination of information. Two newsletters have been mailed to all college-based nursing programs in the SREB region and selected agencies and nursing programs outside the SREB states. The keynote address, Diversity: Cultural and Educational, delivered at the first regional conference by Dr. Sylvia Hart, has been published and widely distributed. Various reports and information relative to campus activities have been shared with project sites.

Meetings. The advisory committee and the evaluation team convened in Atlanta on March 28-29 to review the project activities and to assist the project staff in the development of plans for the second regional conference.

October 1978 report:

Discussions with members of the task groups and nurse faculty indicate the overall goals are being achieved. Faculty are interested and involved in varied activities. A summary of project activities (April-October) follows:

Campus Activities

Workshops have been conducted at the following project sites:

University of Alabama in Birmingham
Focus: Didactic and Clinical Application of Cognitive Styles

University of Maryland at Baltimore
Focus: Cultural and Ethnic Behaviors -- Influence on Learning

J. Sargeant Reynolds Community College
Focus: Cultural Differences: Our/Their Perceptions

Polk Community College
Focus: Faculty/Student Motivation

University of St. Thomas
Focus: Educational Measurement and Evaluation

Texas Christian University
Focus: Clinical Evaluation and Teaching

University of Tennessee at Nashville
Focus: Test and Measurements

Southern Arkansas University
Focus: Test Anxiety

Valdosta State College
Focus: Enhancing Teaching in an Integrated Curriculum

J. Sargeant Reynolds Community College
Focus: Teaching Methodology and Learning Styles

Tidewater Community College
Focus: Identifying Learning Obstacles

Lincoln Memorial University
Focus: Personalized Instruction

Kentucky State University
Focus: Linear Learning Methods

University of Alabama in Birmingham
Focus: Teaching Styles and Cognitive Mapping

Site Visits

The coordinator visited the following project sites: Daytona Beach Community College; Valdosta State College; Tidewater Community College; J. Sargeant Reynolds Community College; Albany State College; Polk Community College; Kentucky State University; Georgia College; Texas Christian University; University of St. Thomas; University of Alabama; North Carolina Central University.

Regional Conference

The second regional conference, attended by approximately 150 persons, was held in Atlanta, Georgia on October 22-24. The theme for this conference was "Evaluation: The Hidden Agenda." The consultants facilitated lively and challenging interactions among conferees. The proceedings from this conference will be published and distributed to nursing programs shortly.

Publications

Two issues of PROJECT REPORT have been mailed to nursing programs and other selected organizations during this report

period. Articles from representatives of project sites and other institutions were included in these issues.

A publication, Faculty Development in Nursing Education: A Report, has been distributed to nursing programs in the SREB states and selected programs and individuals not in the SREB region.

March 1979 report:

There have been nine campus workshops held since the last report to the Council. These workshops have directed attention to (1) communication styles of students and teachers, (2) anxiety desensitization techniques, (3) varying teaching strategies, (4) evaluation strategies, (5) impact of student lifestyles on teaching and learning, and (6) teaching values. Reports from task group leaders indicate the workshops were relevant to faculty needs and congruent with project goals.

Approximately 16 site visits have been made by the coordinator and assigned evaluators. Reports of these visits document various accomplishments at project sites. The task groups were commended by the coordinator and evaluators for the quality of work and their commitment to the project endeavor. Despite the pressures of teaching and committee responsibilities, the faculty at each site have participated in regional and campus activities. A valuable aspect of regional and campus workshops, according to several task group leaders, is the interaction with other nurse educators who share similar goals and concerns.

The following comments from task group leaders in summary reports of project activities attest to the value of the project: ". . .provided an avenue for faculty to communicate with other programs about similar problems and concerns," ". . .has been instrumental in aiding nurse faculty in examining common myths and misconceptions about teaching and learning," "has enabled us to do something about improving our individual effectiveness as teachers," ". . .more committed to the inclusion rather than exclusion of culturally diverse students," ". . .made us aware of problems we did not realize existed," ". . .helped us identify learning obstacles and institute corrective measures that reduced the attrition rate among students."

The Evaluation Team and members of the Advisory Committee convened in January. After reviewing progress reports and sharing observations regarding the project, the members of these groups recommended that an application for a two-year extension of the current project period be submitted to the Division of Nursing, DHEW. An application to extend the project period was prepared and submitted.

The extended project period, March 1, 1980-February 28, 1982, would provide additional time for nurse educators at the project sites to implement activities to enhance teaching and learning conditions. In addition to the campus workshops there would be five regional meetings held for, but not limited to, nurse faculty at project sites. Three of the five meetings would be held at project sites (to be selected by the project staff and Advisory Committee); two meetings (one each year) would convene in Atlanta, Georgia.

The third regional conference will convene at the Terrace Garden Inn in Atlanta, Georgia on October 14-16, 1979. The conference focus and objectives will be announced shortly.

Many of the nurse educators in attendance at the second regional conference (October 22-24, 1978) asked for additional meetings on evaluation. The Faculty Development in Nursing Education project will repeat the conference, "Evaluation: The Hidden Agenda," on June 11-12, 1979. This meeting will be held in Atlanta, Georgia.

Publications completed during this time period include PROJECT REPORT, the quarterly newsletter, and the second regional conference proceedings, Student Performance Evaluation: The Hidden Agenda in Nursing Education.

Advisory Committee Members:

Shirley Dooling, University of St. Thomas, Houston, Texas; Willie T. Ellis, North Carolina A&T University, Greensboro; James O. Hammons, University of Arkansas, Fayetteville; Sylvia Hart, University of Tennessee at Knoxville; Shirley Lee, Tidewater Community College, Portsmouth, Virginia.

Evaluation Team Members:

Kathleen Conlon, University of Tennessee at Knoxville; Elnora Daniel, Hampton Institute, Virginia; James O. Hammons, University of Arkansas, Fayetteville; Sylvia Hart, University of Tennessee at Knoxville; Sue Legg, University of Florida at Gainesville.

Sites and Task Force Leaders:

Daytona Beach Community College, Florida, Jane E. Schell; Georgia College, Milledgeville, Mary Cook; Kentucky State University, Frankfort, Veneda Martin; Lincoln Memorial University, Harrogate, Tennessee, Modena Beasley; Polk Community College, Winter Haven, Florida, Barbara Richard; J. Sargeant Reynolds Community College, Richmond, Virginia, Ann Pollard; Santa Fe Community College,

Gainesville, Florida, Vivian Filer; Southern Arkansas University, Magnolia, Pat Williams; Texarkana Community College, Texas, Joyce N. Hite; Tidewater Community College, Portsmouth, Virginia, Goldie Bradley; Valencia Community College, Orlando, Florida, Annie Bell Johnson; Albany State College, Georgia, Miriam Johnson; North Carolina A&T University, Greensboro, Marie Martin; North Carolina Central University, Durham, Joan S. Martin; University of Alabama in Birmingham, Janet S. Awtrey; University of Maryland at Baltimore, Norma Rawlings; University of St. Thomas, Houston, Texas, Mary Guidry; Tennessee State University, Nashville, Dorothy Laux; Texas Christian University, Fort Worth, Ann Richards; Valdosta State College, Georgia, Mary Margaret Richardson.

Nursing Research Development in the South

Staff: Barbara Mauger and Ken Huggins

Audrey Spector reported in March 1977:

Funded by the Nursing Research Branch, Division of Nursing, DHEW, this three-year project began February 1, 1977. Administered by the Southern Regional Education Board, the project is a joint undertaking of the Council and SREB.

The purpose of the project is to strengthen the development of research in nursing and nursing education in the 14 states which are part of the SREB Council on Collegiate Education for Nursing. Objectives are (1) to identify research problems in nursing education emphasizing those unique to nursing education rather than general education; (2) to identify other research problems which may include clinical practice and the delivery of health care; (3) to establish priorities among the research problems identified; (4) to promote development of research proposals; (5) to encourage faculty to involve students and other faculty and health professionals in their research; (6) to coordinate research efforts among the schools in the South; and (7) to disseminate information about research activities.

Methods will include conferences (for the total group of schools in the Council and for smaller, special interest groups), consultation to schools and individual researchers, publication of a newsletter as a means of communication, development of a roster of researchers in the South, and publication of a description of instruments and tests used in research.

Recruitment for project director is underway; meanwhile, plans for the project activities are proceeding. The Council's Executive Director is principal investigator for the project and the Council's Executive Committee is serving in an advisory capacity until the project's advisory committee is appointed.

October 1977.

Barbara L. Mauger, employed as project director in June, reported:

Seven advisory committee members, representing all levels of collegiate nursing education, including continuing education, with experience or interest in research, have agree to serve the project.

Four priority research problems identified by regional leaders in nursing education, administration and nursing research were: (1) clinical performance evaluation, including graduate follow-up; (2) curriculum; (3) laboratory and clinical teaching strategies; (4) faculty development. These four regional research concerns are now the focus of the project.

Deans and directors have been asked to give application forms to researchers or potential researchers interested in project participation. Project staff expect that selection of 100 participants will be completed at the advisory committee meeting in November.

Four special interest meetings for project participants, each featuring one of the research categories to be promoted by the project, are scheduled for January and February 1978. Consultants and information of specific interest to researchers working in the featured research category will be presented at these meetings. Participating researchers will be notified of exact dates by letter; other interested persons can look for details in the winter issue of NEWS LINK, the project newsletter.

Members of the Council who are deans of programs have been asked to submit to project staff the names of any nursing researchers known to them in their community. They were also asked to give a research abstract form to any researcher known to be interested in any of the project's four research categories. Researchers whose names have been submitted by Council members will be contacted for abstracts of completed research. A compendium of abstracts will be published next year.

March 1978 report:

In the last six months the Nursing Research Development in the South project accomplished five major goals. It accepted for participation in the project 78 applicants, representing 49 collegiate institutions in 13 of the 14 SREB states, and apportioned the participants among the four categories of research priority; compiled a roster of more than 300 researchers, who will be invited to submit abstracts of their present or completed studies for inclusion in the project's first annual research publication; enlisted the aid of seven consultants, one for assistance with the abstract

publication, six for assistance with special interest workshops on the four categories of research priority; produced two issues of the project newsletter, NEWS LINK, and mailed copies to more than 500 individuals and institutions; and conducted four special interest workshops.

Two workshops in January featured faculty development and laboratory and clinical teaching strategies as the research issues of interest. The February workshop featured clinical performance with graduate follow-up. The March workshop focused on curriculum issues. These workshops, which are the heart of the project, provided researchers of similar interests with a forum for collaboration and discussion, as well as an opportunity to receive training in research methodology. Through the formal presentation of the project staff and consultants, and through small group discussions and consultations, the researchers were able to determine research goals and tentative procedures for achieving these goals.

Some changes in the approved project plan were made. These changes included a two-month extension of the project; the cancellation, because of a similar study being conducted by the Western Interstate Commission on Higher Education (WICHE), of plans to develop an index of research tools, and the participation in the project of 78 rather than 100 researchers. The reduced number of participants -- all who applied for and received support from their institutions were accepted -- may indicate a need for stimulation of nursing research in the South.

Staff changes: Project assistant Connie Steele resigned to accept another position; Kenneth Huggins is the new project assistant.

October 1978 report:

During the past six months the Nursing Research Development in the South Project made substantial progress in facilitating coordinated research in four specified areas of nursing education. The project's 78 participants met at four workshops during the winter, and formed 19 work groups, each work group investigating a particular research problem. Three of the workshops -- Laboratory and Clinical Teaching Strategies, Faculty Development, and Clinical Performance Evaluation -- met for a second meeting during the spring. The Curriculum workshop's second meeting is scheduled for October 25-27, 1978. Advisors and consultants assist work groups during these meetings. Eight of the work groups have had an additional meeting, with the project director consulting on research design and methodology. Two work groups have met with project staff. Five of the work groups have started their data collection.

To help participants use representative samples of nursing faculty, the project staff compiled a list of 94 percent of all nursing faculty in the region. Five samples, for work groups using surveys in their research, have been drawn from this pool.

Research abstracts were invited from a previously compiled list of 300 nurse researchers and from recent graduates of master's and doctoral programs in the region. Over 250 abstracts have been received, representing a variety of areas of nursing research. Project staff are in the process of editing and indexing these abstracts for publication.

The project newsletter, NEWS LINK, has grown to six pages and a mailing list of 610. Issues were mailed in May and September.

The only change in project plans involves the reallocation of funds to allow work groups an additional meeting to help them in their progress.

March 1979:

During the past six months the Nursing Research in the South project has made substantial progress in facilitating coordinated research in the four areas of nursing education studied under this project. Fifteen of the 19 groups are collecting or analyzing their data. The majority of groups have located necessary consultation at their home institutions to assist them in the data analysis. When groups have not been able to locate consultation at their home institution or have needed funds to purchase consultation time this has been facilitated by the project. The small groups continue to meet as needed with advisors or consultants and project staff. Conference phone calls are regularly used to maximize communication between group members.

The first volume of ABSTRACTS OF NURSING RESEARCH IN THE SOUTH will be published in March, 1979. It includes 207 abstracts representing clinical nursing, nursing education, nursing service, nursing history, and basic laboratory research. A copy will be sent to ERIC to facilitate accessibility throughout the region and the country.

The project newsletter, NEWS LINK, will be mailed in March. This issue summarizes the work groups' progress and presents articles relevant to implementing and communicating nursing research.

Project plans now include a monograph based on papers presented at the fall 1979 Council meeting. The monograph will focus on aspects of the Nursing Research Development project that are immediately applicable to nursing schools in the South from the perspective

of nursing education, administration, educational evaluation, and curriculum development.

Participants:

Carolyn M. Adamson, Texas Woman's University, Houston; Penelope P. Arnett, University of South Carolina at Aiken; Genevieve M. Bartol, Duke University, Durham, North Carolina; Patricia Gauntlette-Beare, University of Texas at Galveston; Barbara Boland, University of Maryland, Baltimore; Sarah Q. Boone, formerly of University of Texas at Houston; Betsy Eells Bowman, University of Texas at Austin; Pauline Bridger, Union University, Jackson, Tennessee; Sharon C. Bridgewater, University of Louisville, Kentucky; Beatrice R. Brooks, Northwestern State University, Shreveport, Louisiana; Barbara L. Bullock, Samford University, Birmingham, Alabama; Janet Burge, Florida State University, Tallahassee; Eileen D. Callahan, Mississippi Gulf Coast Junior College, Gulfport; Mable Searcy Carlyle, Western Carolina University, Cullowhee, North Carolina; Gloria M. Clayton, Armstrong State College, Savannah, Georgia; Annie Sue Clift, University of Tennessee at Martin; Kathleen P. Conlon, University of Tennessee at Knoxville; Sally B. Crawford, East Tennessee State University, Johnson City.

Peggy Dahlhauser, Tennessee State University, Nashville; Elnora D. Daniel, Hampton Institute, Virginia; Gail C. Davis, Texas Christian University, Fort Worth; Patricia Marie deAndrade, Georgia State University, Atlanta; Margaret R. Dear, Johns Hopkins University, Baltimore, Maryland; Vivian L. Deitz, Western Carolina University, Cullowhee, North Carolina; Alice Spencer Dickerson, University of Arkansas at Pine Bluff; Mitzi Nuhn Dreher, University of Texas at Austin; Laurice Kafrouni Durrant, Southwestern Adventist College, Keene, Texas; Marilyn W. Edmunds, University of Maryland, Baltimore, Karen Kay Esberger, Baylor University, Dallas, Texas; Mildred W. Fenske, University of Tennessee at Knoxville; Mary Ruth Fox, J. Sargeant Reynolds Community College, Richmond, Virginia; LaRetta M. Garland, Emory University, Atlanta, Georgia; Virginia F. Gover, University of North Carolina at Chapel Hill; Carol J. Gray, University of Texas at Houston; Shirley Joan Gregory, University of South Florida, Tampa; Judith W. Hill, University of South Carolina, Columbia.

Phyllis Johnson, Georgia State University, Atlanta; Suzanne Kindel, formerly of University of Texas at Arlington; Jeanette F. Kissinger, Medical College of Virginia, Richmond; Gretchen LaGodna, University of Kentucky at Lexington; Jeanette Lancaster, University of Alabama at Birmingham; Evangeline B. Lane, Georgia State University, Atlanta; Cheryl Driver Levine, University of Texas at Houston; Sosamma Z. Lindsay, Southwestern Adventist College, Keene, Texas; Norma J. Long, University of Tennessee at Memphis; Helena McBride, formerly of University of Texas at San Antonio; Wealtha Collins McGurn, University of Maryland, Baltimore; Sandy McKeehan, formerly of Lincoln Memorial University, Harrogate, Tennessee; Robert McKnight, formerly of University of Alabama at Birmingham; Frances D. Moncure, University of Texas at Houston; Lucille Moore, University of Texas at Galveston; Mary L. Moser, University of Texas at

Houston; Barbara A. Munjas, Medical College of Virginia, Richmond; Marianne Murdock, University of Alabama at Birmingham.

Margaret Tetz Neal, University of Maryland, Baltimore; Eileen L. Neff, East Tennessee State University, Johnson, City; A. Susan Nelson, Corpus Christi State University, Texas; Margaret G. Opitz, East Tennessee State University, Johnson City; Loreen P. Overstreet, Macon Junior College, Georgia; Mary Ann Parsons, University of South Carolina, Columbia; Mary Fry Rapson, University of Maryland, Baltimore; Wynelle M. Scheerer, formerly of Hampton Institute, Virginia; Betty Lou Shubkagel, University of Maryland, Baltimore; Enrica K. Singleton, Louisiana State University, New Orleans; Patricia E. Sloan, Hampton Institute, Virginia; Pauline R. Sommers, University of Southern Mississippi, Hattiesburg; Shirley Steele, University of Texas at Galveston; Kathleen R. Stevens, University of Texas at Houston; Ora L. Strickland, University of North Carolina at Greensboro; Eleanor M. Stringer, Medical College of Georgia, Augusta.

Priscilla Taylor, Medical University of South Carolina, Charleston; Patricia E. Thompson, Texas Christian University, Fort Worth; Evelyn K. Tomes, Meharry Medical College, Nashville, Tennessee; Phyllis Vaughan, Samford University, Birmingham, Alabama; Jesselyn M. Voight, Eastern Kentucky University, Richmond; Nancy Wilkey, Coppin State College, Baltimore, Maryland; Alta Faye Woody, formerly of University of Mississippi, Jackson; Roxeann Zielie, Corpus Christi State University, Texas.

Advisory Committee Members:

Carol Bradshaw, Santa Fe Community College, Gainesville, Florida; Juanita W. Fleming, University of Kentucky, Lexington; Gloria Francis, Medical College of Virginia, Richmond; Jean A. Kelley, University of Alabama in Birmingham; Frances P. Koonz, University of Maryland, Baltimore; Peggy J. Ledbetter, Northwestern State University, Shreveport, Louisiana; Joyce A. Semradek, University of Oregon, Portland.

R O S T E R

Officers and Committees

COMMITTEES	Date Elected	Date Appointed	Term Ends
Executive			
Marie L. O'Koren, Chairman	4/75		10/78
Sylvia E. Hart, Chairman	10/78		10/80
Georgeen H. DeChow, Vice Chrm.	4/75		10/77
	10/77	(re-elected)	10/79
Eloise R. Lewis	4/75		9/78
Peggy J. Ledbetter	10/77		10/79
Shirley Lee		4/75*	11/77
Ruth V. Moran		11/77*	11/79
Glendola Nash		4/75*	11/77
Marie Piekarski	10/78		10/80
Doris H. Reese		11/77*	11/79
Janet Rodgers	10/78		10/80
Robert Vogler	4/75		9/78
Nominating			
Mable Lamb, Chairman	10/76		10/79
Edna Trueting	10/76		10/79
Betty M. Johnson	10/76		10/79
Dorothy Damewood	10/76		10/79
Evelyn Cohelan	10/76		10/79
Membership			
Doris Yingling, Chrm.		10/76	10/78
Charlotte Sachs		10/76	10/78
(Chairman)		10/78	10/79
Evelyn Bacon		10/76	10/78
Geddes McLaughlin		10/77	10/78
Georgie Labadie		10/78	10/80
Judith Wakim		10/78	10/81

*Appointed by SREB

COMMITTEES	Date Appointed	Term Ends	
Continuing Education			
*Frances P. Koonz, Chairman	10/76	11/77	
	11/77	11/79	
*Irma Bolte	10/76	11/77	
	11/77	11/79	
*Elizabeth Benjamin	10/76	11/77	
	11/77	11/78	(resigned)
Deanne French	11/76	11/77	
	11/77	(resigned)	
*Susan Bruno	11/76	11/77	
	11/77	11/79	
*Elizabeth Stobo	10/76	11/77	
	11/77	(resigned)	
Gaynelle McKinney	11/77	11/79	
Joyce Hoover	11/77	11/79	
Bylaws			
Georgeen H. DeChow, Chairman	3/79		
Billye J. Brown	3/79		
Nancy L. Mahoney	3/79		
Rebecca C. Culpepper	3/79		

*Ad hoc committee appointed for one year, re-appointed for one year